## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F01000002738

Entity Name: SINOFRESH LABORATORIES, INC.

FILED Jul 22, 2003 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
313 SEABO VENICE, F				
Current Mailing Address:		New Mailing Address	New Mailing Address:	
313 SEABO VENICE, F	DARD AVE. L 34929			
FEI Number:	58-2572494 FEI Number Applied For ( )	FEI Number Not Applicable()	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
FUST, CHA 313 SEABO VENICE, F	DARD AVE.			
The above in the State	named entity submits this statement for the pure of Florida.	pose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Agent		Date	
	npaign Financing Trust Fund Contribution(). S AND DIRECTORS:	ADDITIONS/CHANGI	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CPT ( ) Delete FUST, CHARLES A 150 CRESTVIEW DR ENGLEWOOD, FL 34223	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VV ( ) Delete ELKOURIE, JOSEPH 917 FORREST POND DRIVE MARIETTA, GA 30068	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (X) Delete MULLINS, LISA 2281 HACKBERRY LANE BIRMINGHAM, AL 35226	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete CONNOR, ROBERT 1771 INDEPENDENCE COURT SUITE 1 BIRMINGHAM, FL 35216	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete DEMING, LEIGHTON 6470 E. JOHNS CROSSING SUITE 440 DULUTH, GA 30097	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (X) Delete WOLFORD, E BERNARD 1901 NORTH ROSELLE STREET, STE 100 SCHAUMBURG, IL 60159	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES A. FUST CPT 07/22/2003