

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

04-06-2004 90029 017 \*\*\*150.00



**DOCUMENT # F01000004484**

1. Entity Name

ZLB BIOPLASMA INC.

Principal Place of Business

801 NORTH BRAND BOULEVARD  
 SUITE 1150  
 GLENDALE CA 91203  
 US

Mailing Address

5201 CONGRESS AVE  
 SUITE 220  
 BOCA RATON FL 33487  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **74-2967974**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	TURNER, PETER	
STREET ADDRESS	WANKDORFSTRASSE 10	
CITY-ST-ZIP	CH-3000 BERN 22 SW	
TITLE	S	<input type="checkbox"/> Delete
NAME	TURVEY, PETER	
STREET ADDRESS	45 POPLAR ROAK	
CITY-ST-ZIP	PARKVILLE, VICTORIA, AUSTRALIA	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CIPA, ANTONI	
STREET ADDRESS	45 POPLAR ROAK	
CITY-ST-ZIP	PARKVILLE, VICTORIA, AUSTRALIA	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOD, JACK	
STREET ADDRESS	45 POPLAR ROAK	
CITY-ST-ZIP	PARKVILLE, VICTORIA, AUSTRALIA	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCNAMEE, BRIAN	
STREET ADDRESS	45 POPLAR ROAK	
CITY-ST-ZIP	PARKVILLE, VICTORIA, AUSTRALIA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BOSS, GREGORY	
STREET ADDRESS	801 N BRAND BLVD SUITE 1150	
CITY-ST-ZIP	GLENDALE CA 91203	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary 3/26/04

Date

Daytime Phone #