2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02000006126

Entity Name: SINOFRESH HEALTHCARE, INC

FILED Apr 30, 2003 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:	
313 SOUTH SEABOARD AVE. VENICE, FL 34292				
Current Mailing Address:			New Mailing Address:	
313 SOUTH SEABOARD AVE. VENICE, FL 34292				
FEI Number: 16-1632784 FEI Number Applied For () FEI Num			nber Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US				
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.				
SIGNATURE:				
	Electronic	Signature of Registered Agent		Date
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PD () E BADOLATO, AND 313 SOUTH SEA VENICE, FL 342	BOARD AVE.	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BADOLATO, ANDREW 313 SOUTH SEABOARD AVE. VENICE, FL 34292
Title: Name: Address: City-St-Zip:	VD () E FORDE, DOUG 313 SOUTH SEA VENICE, FL 342		Title: Name: Address: City-St-Zip:	D (X) Change () Addition FORDE, DOUG 313 SOUTH SEABOARD AVE. VENICE, FL 34292
Title: Name: Address: City-St-Zip:	CFO () E FORDE, DOUG 313 SOUTH SEA VENICE, FL 342		Title: Name: Address: City-St-Zip:	C (X) Change () Addition FUST, CHARLES A 313 SOUTH SEABOARD AVE VENICE, FL 34292
Title: Name: Address: City-St-Zip:	V ()E ROLLE, RENO 313 SOUTH SEA VENICE, FL 342		Title: Name: Address: City-St-Zip:	PD (X) Change () Addition DUPONT, PAUL R 313 SOUTH SEABOARD AVE. VENICE, FL 34292
Title: Name: Address: City-St-Zip:	V () E FELDMAN, KEN 313 SOUTH SEA VENICE, FL 342		Title: Name: Address: City-St-Zip:	D (X) Change () Addition OTTO, DAVID 900 FOURTH AVE., SUITE 3140 SEATTLE, WA 98164
Title: Name: Address: City-St-Zip:	AMON, THOMAS	AVE., 6TH FLOOR	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: DOUG FORDE D 04/30/2003