## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000005802

ROMANO, RAYMOND J

BASKING RIDGE, NJ 07920

108 DARREN DRIVE

Name:

Address:

City-St-Zip:

FILED Jul 30, 2007 Secretary of State

Entity Nar	ne: CYGENE	LABORATORIES, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
7786 WILE CORAL SF	S ROAD PRINGS, FL 3	3067			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
7786 WILE CORAL SF	S ROAD PRINGS, FL 3	3067			
FEI Number:	22-2789408	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of 0	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
BLASS, MICHAEL S 1675 BROADWAY, 25TH FLOOR NEW YORK, NY, FL 10019 US			MUNZER, MARTIN 7786 WILES ROAD CORAL SPRINGS, FL	. 33067 US	
	named entity of Florida.	submits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: MARTIN MUNZER				07/30/2007	
	Electron	nic Signature of Registered Age	nt	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEOP ( MUNZER, MAR 7786 WILES R CORAL SPRIN	OAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D (X SIGNORELLI, 600 BEDFORD MT. KISCO, NY	ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( SATZ, STANLE 9372 HARDING SURFSIDE, FL	S AVENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	D (X	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARTIN MUNZER PRES 07/30/2007