

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H82789

FILED
Apr 22, 2004
Secretary of State

Entity Name: BICONIX SYSTEMS, INC.

Current Principal Place of Business:

20900 W. DIXIE HWY., STE A
NORTH MIAMI BEACH, FL 33180 US

New Principal Place of Business:

22160 VERBENA WAY
BOCA RATON, FL 33433 US

Current Mailing Address:

20900 W. DIXIE HWY., STE A
NORTH MIAMI BEACH, FL 33180 US

New Mailing Address:

22160 VERBENA WAY
BOCA RATON, FL 33433 US

FEI Number: 59-2597933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAAB, MOSHE
20900 W. DIXIE HWY., STE A
NORTH MIAMI BEACH, FL 33180 US

Name and Address of New Registered Agent:

RAAB, MOSHE
22160 VERBENA WAY
BOCA RATON, FL 33433 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: MOSHE RAAB

04/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: RAAB, MOSHE S DR.
Address: 22160 VERBENA WAY
City-St-Zip: BOCA RATON, FL 334334813

Title: VT () Delete
Name: YUDKOWITZ, TIKVA
Address: 486 CUMBERLAND
City-St-Zip: TEANECK, NJ 07666

Title: S () Delete
Name: GOLDSCHMIEDT, CECILIA
Address: 141-32 72ND AVE.
City-St-Zip: FLUSHING, NY 11367

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MOSHE RAAB

PC

04/22/2004

Electronic Signature of Signing Officer or Director

Date