## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K26021

**Entity Name:** BIOCYCLE LABORATORIES, INC.

FILED Apr 26, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

16363 NW 49 AVE. 16363 NW 49 AVENUE MIAMI, FL 33014 MIAMI, FL 33014

**Current Mailing Address: New Mailing Address:** 

16363 NW 49 AVE. 16363 NW 49 AVENUE MIAMI, FL 33014 MIAMI, FL 33014

FEI Number: 65-0061470 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

BARAKAT, MOHAMED BARAKAT, MOHAMED 16363 N.W. 49 AVE. 16363 N.W. 49 AVENUE MIAMI, FL 33014 MIAMI, FL 33014

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: 04/26/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

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( ) Delete

BARAKAT, MOHAMED,

16363 NW 49 AVE

MIAMI LAKES, FL

BARAKAT, MAGED.

16363 NW 49 AVE

MIAMI LAKES, FL

16363 NW 49 AVE

MIAMI LAKES, FL

LINARES, FRANCISCO

## **OFFICERS AND DIRECTORS:**

DVT

DVS

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition

BARAKAT, MOHAMED, Name: 16363 NW 49 AVENUE Address:

City-St-Zip: MIAMI, FL

Title: DVT (X) Change ( ) Addition

Name: BARAKAT, MAGED. 16363 NW 49 AVENUE Address:

MIAMI, FL City-St-Zip:

Title: DVS (X) Change ( ) Addition

Name: LINARES, FRANCISCO

16363 NW 49 AVENUE Address:

City-St-Zip: MIAMI, FL

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MOHAMED BARAKAT DP 04/26/2006