## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K60881				FMED				
JULIAN H. KREEGER, P.A.	JÁN H. KREEGER, P.A.				04 MA	Y -6 PM	<b>12</b> : 16	
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Principal Place of Business. Mailing Address  169 FAST FLAGLER ST STE 1619 169 FAST FLAGLER ST STE 1619			t <del>a-</del>	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
DUPONT BLDG BUPONT BLDG				C Two last				
M <del>IAMI, FL 3313</del> ↑	MIAMI, FL- 33131							
2. Principal Place of Business 1438 BCickell A-e 3. Mailing Address 5.								
Suite, Apt. #, etc. Suite, Apt. #, etc.			04262004 Chg-P		Cha-P	CR2E034 (10/03)		
Penthouse						01121.004 (10		
City & State	City & State			4. FEI Number Applied For 65-0138684 Not Applicable				
Zip Country	Zip Country			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
6. Name and Address of Current	Registered Agent			7. Name and	Address of New R		oquired .	
Name								
1				et Address (R.O. Box Number is Not Acceptable)				
SUITE 1619 - MIAMI, FL 33131			Penrhouse					
'			City Zip Code					
The above named entity submits this statement for	r the purpose of changing its	registered	office or register		n, in the State of Flo			
the obligations of registered agent.	×2				1:1	/_/_		
SIGNATURE Signatury/sped or printed name of registered agent	JULIAN AND AND AND AND AND AND AND AND AND A	E. Donetarad &	Agent signature required	ubin injectation)	4/0	5/1 <i>04</i>	<del></del>	
Signatology types of printed haite of registeres agents	BIO Inte II appricative. (INCIE	E. Negislereu A	-Gest signatore reduced	when reinstaury)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.0	9. Election Campaig Trust Fund Contr			00 May Be ed to Fees				
10. OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF			
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STREET ADDRESS		STREET	address					
CITY-ST-ZIP	ALC: FIE	CLLA - 21						
<ol> <li>I hereby certify that the information supplied with indicated on this report or supplemental report is of the correction or the readynes or trustee arms.</li> </ol>	this filling does not qualify for true and accurate and that m	rine exemp ny signatur as requires	ption stated in Sei re shall have the s d by Chapter 507	ction 119.07(3)(i) same legal effect	, Fiorida Statutes. I as if made under d	Turther certify that bath; that I am an o	officer or director	
of the corporation or the receiver or trustee empc changed, or on an attachmen with an address,	with all other like empowered.	ao regune(	а оу опаркет 607	, i ionua statutes	, and maciny hame	appears in Bioci	K TO UF BIOCK I LIF	
SIGNATURE: Alian NP) Wells 4/09/04								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Prone #								