L01000004149

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000004149

1. Entity Name:
IMMUNE AWARENESS ASSOCIATES LLC

FILED
03 OCT 21 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4800 WEST FLAGLER ST.	13200 S.W. 128 STREET
Suite, Apt. #, etc.: 214	Suite, Apt. #, etc.: F-4
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33134 Country: USA	Zip: 33186 Country: DADE

4. FEI Number: 65-1083882 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ARMANDO GONZALEZ

Street Address (P.O. Box Number is Not Acceptable): 13200 S.W. 128 STREET F-4

City: MIAMI FL Zip Code: 33186

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P NAME: PRESIDENT STREET ADDRESS: ARMANDO GONZALEZ CITY-ST-ZIP: 13200 S.W. 128 STREET F-4 MIAMI, FLORIDA 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP: 700024047657 10/23/03--01003--021 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP: REINSTATEMENT 2003	TITLE NAME STREET ADDRESS CITY-ST-ZIP: DO NOT WRITE IN THIS SPACE
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CR2E034S (12/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Armando Gonzalez ARMANDO GONZALEZ, PRES 10/17/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

P.02

OCT-17-2003 10:45

L01000004149

IMMUNE AWARENESS ASSOCIATES LLC.
4800 WEST FLAGLER STREET
SUITE 214
MIAMI, FLORIDA 33134

October 16, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Annual Report 2003
65-1083882

Dear Sir or Madam:

Please be advised that I did not receive the annual report until today's notice.

Attached you will find my check in the amount of $150.00 to put my account current.

Thank you in advance in regards to this matter.

Sincerely yours,

ARMANDO GONZALEZ, PRES.