


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L26710 1. Entity Name BIOCOMP INDUSTRIES, INC.	
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Principal Place of Business 7014 S.W. 114 PLACE, UNIT H MIAMI, FL 33173	Mailing Address 7014 S.W. 114 PLACE, UNIT H MIAMI, FL 33173
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02172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

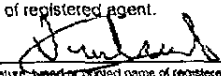
4. FFI Number 65-0156574	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VELARDE, RAUL
7014 S.W. 114 PLACE
UNIT H
MIAMI, FL 33173**

DO NOT WRITE IN THIS SPACE

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: **02/15/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

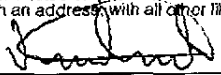
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS VELARDE, RAUL 7014 SW 114 PLACE UNIT H MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  DATE: **02/15/06** DAYTIME PHONE #: **305 230 9362**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR