2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF

Mar 22, 2004 8:00 am **Secretary of State** DOCUMENT # L29267 1. Entity Name 03-22-2004 90066 008 ***150.00 BIO CHEMICAL TECHNOLOGIES, INC. Principal Place of Business Mailing Address 965 NW 202 LANE 965 NW 202 LANE **じしみひみひだり** HOLLYWOOD FL 33029 HOLLYWOOD FL 33029 2. Principal Place of Business 3. Mailing Address 965. N.W. 202 LANE 965 N.W. 202 LANE Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 65-0193195 . PEMBROKE PINES, FL. PEMBROKE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3302 330 a9 Fee Required USA U.S.A. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NANOIA, MAURICE NANOIA, MAURICE, JR Street Address (P.O. Box Number is Not Acceptable) 965 N.W. 202 LAN 448 HOLIDAY DR HALLENDALE FL 33009 CITYPEMBROKE PINES 8. The above named entity submits this statement to 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. MAURICE NANDIA JR. SIGNATURE _ Signature, typed or printed name of egistered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change ☐ Addition ☐ Delete NANOIA, MAURICE JR. NAME NAME STREET ADDRESS 965 NW 202 LANE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33029 CITY-ST-ZIP PEHBROKE PINES, FL 33029 TITLE Delete TITLE ☐ Addition NANOIA, NICOLE MARLENE NAME STREET ADDRESS 965 202 LANE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33029 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 11 if changed, or on an attachment with an address, with an other like empowered.

MAURICE NANOJA JR. 3-17-04 954-322-11-46
FSIGNING OFFICER OR DIRECTOR

Date

Date

Dayline Phone #

FILED