

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90103 011 \*\*\*150.00

0283668 AV

**DOCUMENT # M56683**

1. Entity Name  
**DERMOGENE CORP.**



Principal Place of Business  
**8055 NW 77CT  
SUITE 5  
MEDLEY FL 33166**

Mailing Address  
**8055 NW 77CT  
SUITE 5  
MEDLEY FL 33166**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-0423262**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DALMAU, JAVIER**  
**8055 NW 77CT**  
**MEDLEY FL 33166**


7. Name and Address of New Registered Agent

Name  
**DALMAU, JAVIER**

Street Address (P.O. Box Number is Not Acceptable)  
**1701 N.W. 87th AVE**

City **MIAMI** FL Zip Code **33172**

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 \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 VP	<input type="checkbox"/> Delete
NAME <b>DALMAU, AURORA</b>	
STREET ADDRESS <b>8055 NW 77CT, STE 5</b>	
CITY-ST-ZIP <b>MEDLEY FL 33166</b>	
TITLE VT	<input type="checkbox"/> Delete
NAME <del><b>DALMAU, JORGE ALBERTO</b></del>	
STREET ADDRESS <del><b>8055 NW 77CT, STE 5</b></del>	
CITY-ST-ZIP <del><b>MEDLEY FL 33166</b></del>	
TITLE PDC	<input type="checkbox"/> Delete
NAME <b>DALMAU, JORGE</b>	
STREET ADDRESS <b>8055 NW 77CT, STE. 5</b>	
CITY-ST-ZIP <b>MEDLEY FL 33166</b>	
TITLE VS	<input type="checkbox"/> Delete
NAME <b>GOFUS, ROBERT</b>	
STREET ADDRESS <b>8055 NW 77CT, STE 5</b>	
CITY-ST-ZIP <b>MEDLEY FL 33166</b>	
TITLE V	<input type="checkbox"/> Delete
NAME <b>DALMAU, JAVIER</b>	
STREET ADDRESS <b>8055 NW 77CT, STE 5</b>	
CITY-ST-ZIP <b>MEDLEY FL 33166</b>	
TITLE V	<input type="checkbox"/> Delete
NAME <b>DALMAU, LAURA</b>	
STREET ADDRESS <b>8055 NW 77 CT., STE 5</b>	
CITY-ST-ZIP <b>MEDLEY FL 33166</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 all other like empowered.

SIGNATURE:  DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)