## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29390

FILED Apr 29, 2008 Secretary of State

Entity Name: UNIVERSITY BIOCHEMISTRY AND MOLECULAR BIOLOGY FOUNDATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
C/OM. P. DEUTSCHER 1011 NW 15 ST MIAMI, FL 33136				C/O M. P. DEUTSCHER 1011 NW 15 ST (R629) MIAMI, FL 33136			
Current Mailing Address:				New Mailing Address:			
C/OM. P. DEUTSCHER P.O.BOX 016129 (M823) MIAMI, FL 33101				C/O M. P. DEUTSCHER P.O.BOX 016129 (R629) MIAMI, FL 33101			
FEI Number:	65-0125447	FEI Number Applied For ( )	FEI Nun	nber Not Appl	licable ( )	Certificate of Status	Desired (X)
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	lew Registered A	gent:
1011 NW 1 RM 316, G MIAMI, FL The above	IER, MURRAY 15 STREET AUTIER BLDG 33136 US named entity se of Florida.		urpose o	1011 NW 1 RM 110, G MIAMI, FL	IER, MURRAY 15 STREET AUTIER BLDC 33136 US ts registered o	<b>3</b> .	agent, or both,
SIGNATUF	RE: SANDRA	BLACK				04/29/2008	
		ic Signature of Registered Age	nt			Date	
OFFICERS	S AND DIREC	TORS:		ADDITION	IS/CHANGES	TO OFFICERS AI	ND DIRECTORS:
Title: Name: Address: City-St-Zip:	D () HUIJING, FRAN 1011 NW 15 ST MIAMI, FL 331	- '		Title: Name: Address: City-St-Zip:	D (X) HUIJING, FRAN 1011 NW 15 ST MIAMI, FL 331	Γ	
Title: Name: Address: City-St-Zip:	P () WHELAN, JOSE 1011 NW 15TH MIAMI, FL 331	STREET		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () SCOTT, WALTE 1011 NW 15 ST MIAMI, FL 331	REET		Title: Name: Address: City-St-Zip:	D (X) SCOTT, WALTE 1011 NW 15 ST MIAMI, FL 331	TREET	
Title: Name: Address: City-St-Zip:	D () DEUTSCHER, M 1011 NW 15 ST MIAMI, FL 331	-		Title: Name: Address: City-St-Zip:	D (X) DEUTSCHER, N 1011 NW 15 ST MIAMI, FL 331	Γ	
Title: Name: Address: City-St-Zip:	D () MALHOTRA, AR 1011 NW 15 ST MIAMI, FL 331	-		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () RUDD, KENNET 1011 NW 15 ST MIAMI, FL 3313	-		Title: Name: Address: City-St-Zip:	( )	) Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA BLACK MRS 04/29/2008