

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 07, 2004
Secretary of State**

DOCUMENT# N93000003820

Entity Name: IMMUNOLOGY AND RETROVIROLOGY RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

New Principal Place of Business:

4009 N FEDERAL
FT LAUDER, FL 33308 US

Current Mailing Address:

New Mailing Address:

4009 N FEDERAL HWY
FT LAUDERDALE, FL 33308 US

FEI Number: 65-0447915 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LOUIS ROBERTS
4009 N FEDERAL HWY
FT LAUDERDALE, FL 33308

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAMARCA, ANTHONY
Address: 4009 N FEDERAL HWY
City-St-Zip: FT LAUDERDALE, FL 33308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: HAINES, HAROLD
Address: 8323 NW 12 ST
City-St-Zip: MIAMI, FL 33126

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: ROBERTS, LOUIS
Address: 4009 N FEDERAL HWY
City-St-Zip: FT LAUDERDALE, FL 33308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: DAVID, C DAVID
Address: 8323 NW 12TH ST SUITE 109
City-St-Zip: MIAMI, FL 33126

Title: D (X) Change () Addition
Name: HUDAK, EUGENE
Address: 4009 N FEDERAL HWY
City-St-Zip: FT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HUDAK, EUGENE

D

03/07/2004

Electronic Signature of Signing Officer or Director

_____ Date