

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003820

FILED
Mar 19, 2009
Secretary of State

Entity Name: IMMUNOLOGY AND RETROVIROLOGY RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

4009 N FEDERAL
FT LAUDER, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

4009 N FEDERAL HWY
FT LAUDERDALE, FL 33308 US

New Mailing Address:

4009 N FEDERAL
FT LAUDER, 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:

LOUIS ROBERTS
4009 N FEDERAL HWY
FT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ANTHONY LAMARCA

D

03/19/2009

Electronic Signature of Signing Officer or Director

Date