

# 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