

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000002014
 1. Entity Name
THE FLORIDA ANTIVENIN BANK, INC.



FILED
 05 NOV -7 PM 3:21

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
738 NW 134 PLACE **738 NW 134 PLACE**
MIAMI, FL 33182 **MIAMI, FL 33182**

DO NOT WRITE IN THIS SPACE



REINSTATEMENT 05
 07-14-2005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
31-1495384 Not Applicable

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

6. Name and Address of Current Registered Agent
CRUZ, ARGELIO
738 NW 134 PLACE
MIAMI, FL 33182

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CRUZ, ARGELIO 738 NW 134 PLACE MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SARGENT, DENNIS 738 NW 134 PLACE MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JILLSON, ERNIE 738 NW 134 PLACE MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

700060696977
 10/18/05--01011--026 **\$61.25

for w/8

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700060696977
 11/07/05--01066--007 **\$175.00

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an affidavit with an address, with all other like empowered.

SIGNATURE: *Argelio Cruz* **ARGELIO CRUZ** 7/14/05 7862291411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #