


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90166 015 \*\*\*150.00

<b>DOCUMENT # P00000012098</b>	
1. Entity Name <b>AMINO CELL, INC.</b>	

Principal Place of Business <b>4001 SOUTH OCEAN DRIVE SUITE 2M HOLLYWOOD, FL 33019</b>	Mailing Address <b>4001 SOUTH OCEAN DRIVE SUITE 2M HOLLYWOOD, FL 33019</b>
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2. Principal Place of Business - No P.O. Box # <b>7495 SW 38th Street</b>	3. Mailing Address <b>7495 SW 38th Street</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>Ocala FL</b>	City & State <b>Ocala FL</b>
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Zip <b>34474</b>	Country <b>Marion</b>	Zip <b>34474</b>	Country <b>Marion</b>
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6. Name and Address of Current Registered Agent
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<b>NIEVES, CESAR 4001 SOUTH OCEAN DRIVE SUITE 2M HOLLYWOOD, FL 33019</b>
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02282007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-1012350</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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7. Name and Address of New Registered Agent
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Name <b>Cesar Nieves</b>
Street Address (P.O. Box Number is Not Acceptable) <b>7495 SW 38th Street</b>
City <b>Ocala</b>
State <b>FL</b>
Zip Code <b>34474</b>

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS
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TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>NIEVES, CESAR</b>	
STREET ADDRESS <b>4001 SOUTH OCEAN DRIVE 2M</b>	
CITY - ST - ZIP <b>HOLLYWOOD, FL 33019</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Cesar Nieves</b>	
STREET ADDRESS <b>7495 SW 38th St</b>	
CITY - ST - ZIP <b>Ocala FL 34474</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cesar Nieves 04-03-07 (352) 291-0200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time