## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P00000018502

Entity Name: B&R DIAGNOSTICS, INC.

FILED Jun 06, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

9035 SUNSET DRIVE SUITE 201 MIAMI, FL 33173

**Current Mailing Address: New Mailing Address:** 

9035 SUNSET DRIVE SUITE 201 MIAMI, FL 33173

FEI Number: 65-0986161 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MONTESINOS, ROBERTO JIMENEZ, LUIS 9035 SUNSET DRIVE 9035 SUNSET DRIVE SUITE 201 SUITE 201 MIAMI, FL 33173 US MIAMI, FL 33173 US

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: LUIS JIMENEZ 06/06/2007

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

BEHAR, MOISES Name: Name: JIMENEZ, LUIS 9035 SUNSET DRIVE, SUITE 201 9035 SUNSET DRIVE, SUITE 201

Address: Address: City-St-Zip: MIAMI, FL 33173 City-St-Zip: MIAMI, FL 33173

Title: **VPST** () Delete Title: (X) Change ( ) Addition Name:

Name: MONTESINOS, ROBERTO GONZALEZ, JESUS G Address:

9035 SUNSET DRIVE, SUITE 201 9035 SUNSET DRIVE, SUITE 201 Address:

MIAMI, FL 33173 MIAMI, FL 33173 City-St-Zip: City-St-Zip:

Title: Title: D (X) Delete () Change () Addition Name:

JIMENEZ, LUIS Name: 9035 SUNSET DRIVE, SUITE 201 Address: Address: City-St-Zip: MIAMI, FL 33173 US 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: LUIS JIMENEZ 06/06/2007