2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000038230

1. Entity Name
CYTOREX BIOSCIENCES, INC.

Principal Place of Business	Mailing Address
2700 GLADES CIRCLE NO. 138 WESTON, FL 33327	2700 GLADES CIRCLE NO. 138 WESTON, FL 33327

01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1007796

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, CARLOS M
2700 GLADES CIRCLE
NO. 138
WESTON, FL 33327

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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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	MARTUCCI, DAVID
STREET ADDRESS	4474 WESTON ROAD #108
CITY-ST-ZIP	WESTON, FL 33331
TITLE	D
NAME	MARTUCCI, DAVID
STREET ADDRESS	4474 WESTON ROAD #4108
CITY-ST-ZIP	WESTON, FL 33331
TITLE	VTD
NAME	JIMENEZ, WILLIAM
STREET ADDRESS	4474 WESTON ROAD #108
CITY-ST-ZIP	WESTON, FL 33331
TITLE	CFO
NAME	JIMENEZ, WILLIAM
STREET ADDRESS	4474 WESTON ROAD #108
CITY-ST-ZIP	WESTON, FL 33331
TITLE	SCOO
NAME	GARCIA, CARLOS M
STREET ADDRESS	4474 WESTON ROAD #108
CITY-ST-ZIP	WESTON, FL 33331
TITLE	D
NAME	GARCIA, CARLOS M
STREET ADDRESS	4474 WESTON ROAD #108
CITY-ST-ZIP	WESTON, FL 33331

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01/12/04-80023-017 158.75

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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 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: Carlos M Garcia 01-06-04 (954) 993-4941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Telephone Number