

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2004 8:00 am
Secretary of State

09-17-2004 90003 021 ***163.75

DOCUMENT # P00000047786

1. Entity Name
EIVIR BIOMEDICAL RESEARCH INC.



Principal Place of Business
12000 COVERSTONE MILL CIR
STE 414
MANASSAS, VA 20109

Mailing Address
12000 COVERSTONE MILL CIR
STE 414
MANASSAS, VA 20109

24083400



2. Principal Place of Business
636 NW 13th Str.

3. Mailing Address
636 NW 13th Str.

Suite, Apt. #, etc. **38**

Suite, Apt. #, etc. **38**

03082003 Chg-P CR2E034 (10/03)

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number
65-1060200

Applied For
Not Applicable

Zip Country
33486 USA

Zip Country
33486 USA

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

6. Name and Address of Current Registered Agent

YURI, LIABOH
3171 LEEWOOD TERR L-134
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name **KHUSAINOV ROBERT M.**

Street Address (P.O. Box Number is Not Acceptable)

636 NW 13th Street, #38

City **Boca Raton** **FL** Zip Code **33486**

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 **R. Khusainov - President / Robert Khusainov 07.25.04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.

☒ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **KHUSAINOV, ROBERT M**
STREET ADDRESS **12000 COVERSTONE HILL CIR #414**
CITY-ST-ZIP **MANASSAS, VA 20109**

TITLE **V** ☐ Delete
NAME **KHUSAINOV, EILEEN R**
STREET ADDRESS **12000 COVERSTONE HILL CIR #414**
CITY-ST-ZIP **MANASSAS, VA 20109**

TITLE **D** ☐ Delete
NAME **PRIYMA, VICTOR A**
STREET ADDRESS **12000 COVERSTONE HILL CIR #414**
CITY-ST-ZIP **MANASSAS, VA 20109**

TITLE **D** ☐ Delete
NAME **KHUSAINOV, ALFIR M**
STREET ADDRESS **12000 COVERSTONE HILL CIR #414**
CITY-ST-ZIP **MANASSAS, VA 20109**

TITLE **T** ☐ Delete
NAME **KHUSAINOV, IRENE V**
STREET ADDRESS **12000 COVERSTONE HILL CIR #414**
CITY-ST-ZIP **MANASSAS, VA 20109**

TITLE **P** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **636 NW 13th Street, #38**
CITY-ST-ZIP **Boca Raton, FL 33486**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **636 NW 13th Street, #38**
CITY-ST-ZIP **Boca Raton, FL 33486**

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TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **636 NW 13th Street, #38**
CITY-ST-ZIP **Boca Raton, FL 33486**

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **ZAVIYALOV, VLADIMIR V**
CITY-ST-ZIP **8041 Juliet Ln. #102**
MANASSAS, VA 20109

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: **R. Khusainov - Robert Khusainov 07.25.04 (561) 620-8921**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #