

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 03, 2007  
Secretary of State**

DOCUMENT# P00000047786

Entity Name: EIVIR BIOMEDICAL RESEARCH INC.

**Current Principal Place of Business:**

626 NW 13TH ST  
15  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

626 NW 13TH ST  
15  
BOCA RATON, FL 33486

**New Mailing Address:**

FEI Number: 65-1060200      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KHUSAINOV, ROBERT M  
626 NW 13TH STREET  
15  
BOCA RATON, FL 33486 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P.D. ( ) Delete  
Name: KHUSAINOV, ROBERT M  
Address: 626 NW 13TH STREET #15  
City-St-Zip: BOCA RATON, FL 33486

Title: V.D. ( ) Delete  
Name: KHUSAINOVA, EILEEN R  
Address: 626 NW 13TH STREET #15  
City-St-Zip: BOCA RATON, FL 33486

Title: V.D. (X) Delete  
Name: KHUSAINOV, ALFIR M  
Address: 626 NW 13TH STREET #15  
City-St-Zip: BOCA RATON, FL 33486

Title: V.D. ( ) Delete  
Name: KHUSAINOVA, IRINA V  
Address: 626 NW 13TH STREET #15  
City-St-Zip: BOCA RATON, FL 33486

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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.

SIGNATURE: KHUSAINOV ROBERT M.

P.D.

05/03/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date