2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 28, 2006 8:00 am Secretary of State **DOCUMENT # P00000067506** 04-28-2006 90163 038 ***150.00 1. Entity Name SUKOL SCIENTIFIC INCORPORATED Mailing Address Principal Place of Business 40900 8000 GOVERNOR SQUARE BVLD 8000 GOVERNOR SQUARE BYLD STE 105 STE 105 MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016 2. Principal Place of Business 3. Mailing Address P. o. Box 52-2926 7225 NW 68 STREET Suite, Apt. #, etc. ひんパ Suite, Apt. #, etc. 04252006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For FL FL MIAMI 65-1043899 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П USA 33166 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRESPALACIOS, FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 7225 NW 68 TH STREET 8000 GOVERNORS SQUARE BLVD STE 105 MIAMI LAKES, FL 33016 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. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Change Addition TITLE □ Delete TITLE TRESPALACIOS, FRANCISCO NAME NAME 7225 NW 68 THST. UNIT 4 8000 GOVERNORS SQUARE BLVD STE 105 STREET ADDRESS STREET ADDRESS MIAMI - FL 33166 CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES, FL 33016 VSD Delete ☐ Change TITLE TITLE ☐ Addition BERRIOS, ENRIQUE A NAME NAME STREET ADDRESS 8000 GOVERNORS SQ. BLVD #105 STREET ADDRESS HIALEAH, FL 33016 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE [7] Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

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12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS CITY-ST-7IP

STREET ADDRESS

CITY-ST-7IP