

**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000103192

1. Entity Name
BIO-BEHAVIORAL CORP.



Principal Place of Business
7860 SW 196 TERRACE
MIAMI, FL 33189 US

Mailing Address
PO BOX 700731
MIAMI, FL 33170 US



05012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1058802

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JEREZ, SAMIR G
7860 SW 196 TERR.
MIAMI, FL 33189

**DO NOT WRITE
IN THIS SPACE**

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

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 7, 2005**

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	PSD
NAME	JEREZ, SAMIR G
STREET ADDRESS	P O BOX 700731
CITY-STATE-ZIP	MIAMI, FL 33170
TITLE	VPD
NAME	JEREZ, AMINA
STREET ADDRESS	P.O. BOX 700731
CITY-STATE-ZIP	MIAMI, FL 33170
TITLE	TD
NAME	JEREZ, FRANCES E
STREET ADDRESS	P O. BOX 700731
CITY-STATE-ZIP	MIAMI, FL 33170
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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05/17/05-80005-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

S. G. Jerez, SAMIR G. JEREZ

5/4/05

305
431-8534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #