

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90016 038 ***158.75

DOCUMENT # P01000001495					
1. Entity Name BIOMOL LATIN AMERICA, INC.					
Principal Place of Business 1602 NW 84 AVENUE MIAMI, FL 33126			Mailing Address 1602 NW 84 AVENUE MIAMI, FL 33126		
2. Principal Place of Business 9990 NW 14 STREET Suite, Apt. #, etc. 109-110		3. Mailing Address 9990 NW 14 STREET Suite, Apt. #, etc. 109-110			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number 65-1065920	
Zip 33172		Country U.S.A		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUERTAS, SAMUEL 1982 SCHOONER LANE WESTON, FL 33327			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when remitting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD YUNIS, CARLOS 1602 NW 84 AVE MIAMI, FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR. YUNIS CARLOS 9990 NW 14 STREET MIAMI, FL 33172	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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: _____			Date <u>January 5 / 2005</u> 305 593 9999		