

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90035 044 ***150.00

DOCUMENT # P01000017554

1. Entity Name

US BIOSOLUTIONS, INC.



Principal Place of Business

1880 N COMMERCE PKWY
SUITE # 1
WESTON FL 33326

Mailing Address

1880 N COMMERCE PKWY
SUITE # 1
WESTON FL 33326



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/07)

Zip

Country

Zip

Country

4. FEI Number

65-1085212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGUILERA, EDWIN
1880-1 N COMMERCE PKWY
WESTON FL 33326

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

Signature, typed or printed name of registered agent and date, if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	LISIEWSKI, DON	
STREET ADDRESS	1880-1 N. COMMERCE PKWY	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	P	<input type="checkbox"/> Delete
NAME	AGUILERA, EDWIN	
STREET ADDRESS	1880-1 N. COMMERCE PKWY	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	AGUILERA, LESTER	
STREET ADDRESS	1880-1 N. COMMERCE PKWY	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	VPSM	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, NORBERTO	
STREET ADDRESS	1313 SHOTGUN ROAD	
CITY-ST-ZIP	SUNRISE FL 33326-1935	
TITLE	TS	<input type="checkbox"/> Delete
NAME	AGUILERA, KRISTIN	
STREET ADDRESS	1880-1 N. COMMERCE PKWY	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/08

Date

Page 1 of 1