2004 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATUR

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jul 19, 2004 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P01000026386** 07-19-2004 90017 042 ***150.00 BIO-ENGINEERED SUPPLEMENTS & NUTRITION, INC. Principal Place of Business Mailing Address 1120 HOLLAND DRIVE #2 1120 HOLLAND DRIVE #2 BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business 3. Mailing Address GAME 6500 07152004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Boc4 65-1085156 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33*48* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **COHEN & COHEN FINANCIAL SERVICES** Street Address (P.O. Box Number is Not Acceptable) 3275 W HILLSBORO BLVD **SUITE 207** DEERFIELD BEACH, FL 33-4422 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_ ignature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE □ Detete ☐ Change ☐ Addition NAME JAMES, SCOTT NAME STREET ADDRESS 6444 COUNTRY FAIR CIRCLE STREET ADDRESS BOYNTON BEACH, FL 33437 CITY-ST-ZIP CITY-ST-ZIP PD TITLE ☐ Delete TIT! F Channe ☐ Addition FERGUSON, CHRISTOPHER NAME NAME STREET ADDRESS 2040 VALENCIA DRIVE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33445 CITY-ST-ZIP STD TITLE ☐ Defete Change ☐ Addition FERGUSON, JULIE M. NAME NAME STREET ADDRESS 2040 VALENCIA DRIVE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33445 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME 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 12. I hereby certify that the information supplied with this filling 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 trusted 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 any add religible to the component of the corporation of

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