

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000028019

Entity Name: BIOPHARMONITOR, INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

1580 SAWGRASS CORP PKWY
#130
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1580 SAWGRASS CORP PKWY
#130
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 68-1098022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASHAAN, GUY
1580 SAWGRASS CORP PKWY
#130
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GUY, MASHAAN
Address: 14695 SOUTHWEST 33RD COURT
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: GUY, JACQUELINE J
Address: 14695 SOUTHWEST 33RD COURT
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MASHAAN GUY

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date