


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90051 018 \*\*\*150.00

<b>DOCUMENT # P01000047112</b> 1. Entity Name <b>TISSUETECH, INC.</b>			
Principal Place of Business <b>8780 SW 92ND STREET SUITE 203 MIAMI, FL 33176</b>		Mailing Address <b>8780 SW 92ND STREET SUITE 203 MIAMI, FL 33176</b>	
2. Principal Place of Business <b>7000 SW 97 AVE</b> Suite, Apt. #, etc. <b>SUITE 212</b> City & State <b>MIAMI FL</b> Zip <b>33173</b> Country <b>USA</b>		3. Mailing Address <b>7000 SW 97 AVE</b> Suite, Apt. #, etc. <b>SUITE 212</b> City & State <b>MIAMI, FL</b> Zip <b>33173</b> Country <b>USA</b>	
4. FEI Number <b>65-1116071</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TSENG, AMY H 10000 SW 63RD PLACE PINE CREST, FL 33156</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE D NAME TSENG, SCHEFFER C MD, PHD STREET ADDRESS 10000 SW 63RD PLACE CITY-ST-ZIP PINECREST, FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME TSENG, AMY H STREET ADDRESS 10000 SW 63RD PLACE CITY-ST-ZIP PINECREST, FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HSIAO, JANE H STREET ADDRESS 3210 HUNTER ROAD CITY-ST-ZIP FORT LAUDERDALE, FL 33331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME YILING, HSU STREET ADDRESS 13457 SW 59 AVE CITY-ST-ZIP PINE CREST, FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BILLY K YEH 13611 DEERING BAY DR. #801 CORAL GABLES, FL 33158</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>2/23/04</b> Daytime Phone # <b>(305) 412 4430</b>	