

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000059136

FILED
Apr 25, 2006
Secretary of State

Entity Name: ASTHMA SINUS ALLERGY RESEARCH INSTITUTE INC.

Current Principal Place of Business:

7800 SW 87TH AVENUE SUITE C-340
MIAMI, FL 331733570

New Principal Place of Business:

Current Mailing Address:

7800 SW 87TH AVENUE SUITE C-340
MIAMI, FL 331733570

New Mailing Address:

FEI Number: 65-1123296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, JEFFREY L
54 NE FOURTH AVENUE
DELRAY BEACH, FL 33483 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BECK, MORRIS MD
Address: 7800 SW 87TH AVENUE SUITE C-340
City-St-Zip: MIAMI, FL 33173

Title: S () Delete
Name: YOUNG, MARK MD
Address: 7450 SW 47TH COURT
City-St-Zip: MIAMI, FL 33143

Title: T () Delete
Name: UBALS, ELENA MD
Address: 7800 SW 87TH AVENUE SUITE C-340
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: MORRIS BECK, MD

P

04/25/2006

Electronic Signature of Signing Officer or Director

Date