

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000110327

FILED  
Apr 24, 2004  
Secretary of State

Entity Name: YAMI BIOTECHNOLOGIES, INC.

## Current Principal Place of Business:

930 NE 109 ST  
BISCAYNE PARK, FL 33161

## New Principal Place of Business:

## Current Mailing Address:

930 NE 109 ST  
BISCAYNE PARK, FL 33161

## New Mailing Address:

FEI Number: 45-0464832

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALVAREZ, ILIANA I MD  
930 NE 109 ST  
BISCAYNE PARK, FL 33161

## 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: ALVAREZ, ILIANA I MD  
Address: 930 NE 109 ST  
City-St-Zip: BISCAYNE PARK, FL 33161

Title: S ( ) Delete  
Name: PAREDES, AMPARO  
Address: 2750 NE 183 ST #704  
City-St-Zip: AVENTURA, FL 33160

Title: T ( ) Delete  
Name: OLIVEIRA, J. MARCOS C  
Address: 9735 NW 52 ST #515  
City-St-Zip: MIAMI, FL 33178

Title: D (X) Delete  
Name: SUAREZ, YOLANDA  
Address: 7115 W 111 WAY APT  
City-St-Zip: PEMBROKE PINES, FL 33025

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition  
Name: PAREDES, AMPARO  
Address: 2270 OAK COURT  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D (X) Change ( ) Addition  
Name: SUAREZ, YOLANDA  
Address: 977 LINACERO STREET  
City-St-Zip: COUNTRY CLUB, SAN JUAN, PR 00924

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 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 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: ILIANA I. ALVAREZ, MD

P

04/24/2004

Electronic Signature of Signing Officer or Director

Date