

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90049 002 ***150.00

DOCUMENT # P02000067032

1. Entity Name
BIOELECTRIC LABS, INC.



Principal Place of Business
**C/O GUNSTER, YOAKLEY & STEWART, P.A.
777 SOUTH FLAGLER DRIVE STE 500E
WEST PALM BEACH, FL 33401**

Mailing Address
**C/O GUNSTER, YOAKLEY & STEWART, P.A.
777 SOUTH FLAGLER DRIVE STE 500E
WEST PALM BEACH, FL 33401**

94032449



2. Principal Place of Business
505 SE CENTRAL PARKWAY

3. Mailing Address
505 SE CENTRAL PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192004 Chg-P CR2E034 (10/03)

City & State
STUART, FL

City & State
STUART, FL

4. FEI Number
55-0793953

Applied For
Not Applicable

Zip
34994

Country

Zip
34994

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES INC.
C/O GUNSTER, YOAKLEY & STEWART, P.A.
777 SOUTH FLAGLER DRIVE STE 500E
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPST
SAMPSON, DOUGLAS C
P. O. BOX 2375
STUART, FL 34995** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVP
ZANAKIS, MICHAEL
P. O. BOX 2375
STUART, FL 24995** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**505 SE CENTRAL PARKWAY
STUART, FL 34994** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**5190 SE SEASCAPE WAY
STUART, FL 34994** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 15, 2004