


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000087590 1. Entity Name TRACE MINERAL BIOTECHNOLOGY, INC.	
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Principal Place of Business 1550 PLASENTIA AVE CORAL GABLES, FL 33134	Mailing Address 1550 PLASENTIA AVE CORAL GABLES, FL 33134
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04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0103050	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORTELEZZI, CARLOS
1550 PLASENTIA AVE
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

5. 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 <u>HECTOR R. ARABENA VICEPRESIDENT</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>04-20-06</u> <small>DATE</small>
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(NOTE: Registered Agent signature required when revalidating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

8. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CORTELEZZI, CARLOS 1550 PLASENTIA AVE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARABENA, HECTOR R 1550 PLASENTIA AVE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/05/06 80035-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-06 786-443-8022
DATE Daytime Phone #