


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90152 035 \*\*\*150.00

<b>DOCUMENT # P03000020191</b>	
1. Entity Name <b>BIOSAFE, INC.</b>	

Principal Place of Business <b>720 N 70TH WAY HOLLYWOOD FL 33024</b>	Mailing Address <b>720 N 70TH WAY HOLLYWOOD FL 33024</b>
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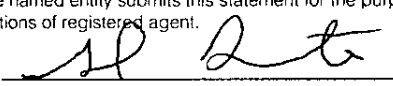


2. Principal Place of Business <b>2492 CENTERGATE DRIVE</b>		3. Mailing Address <b>2492 CENTERGATE DRIVE</b>	
Suite, Apt. #, etc. <b>#103</b>		Suite, Apt. #, etc. <b>#103</b>	
City & State <b>MIRAMAN</b>		City & State <b>MIRAMAN</b>	
Zip <b>Florida</b>	Country <b>USA</b>	Zip <b>Florida</b>	Country <b>USA</b>

1st MOORE CR2E034 (10/05)

4. FEI Number <b>56-2317156</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>DUARTE, CLAUDIA 720 N 70TH WAY HOLLYWOOD FL 33024</b>		7. Name and Address of New Registered Agent Name <b>DUARTE, CLAUDIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2492 CENTERGATE DRIVE #103</b> City <b>MIRAMAN</b> FL Zip Code <b>33025</b>

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  **Claudia Duarte PSD** 04/18/06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DUARTE, CLAUDIA 720 N 70TH WAY HOLLYWOOD FL 33024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DUARTE, CLAUDIA 2492 CENTERGATE DRIVE #103 MIRAMAN, Florida 33025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DUARTE, AXEL J 720 N 70TH WAY HOLLYWOOD FL 33024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DUARTE, AXEL 2492 CENTERGATE DRIVE #103 MIRAMAN, Florida 33025 <input checked="" 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 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 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 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 type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **VTD** 04/18/06 561-683-1006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #