


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000106612

1. Entity Name
STEM CELL CRYOBANK, INC.



Principal Place of Business
**10301 HAGEN RANCH RD
BOYNTON BCH, FL 33437**

Mailing Address
**10301 HAGEN RANCH RD
BOYNTON BCH, FL 33437**

DO NOT WRITE IN THIS SPACE



03162005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0273846

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MAHARAJ, DIPNARINE
10301 HAGEN RANCH ROAD, SUITE 600
BOYNTON BEACH, FL 33437**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent's signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

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	D MAHARAJ, DIPNARINE 10301 HAGEN RANCH RD BOYNTON BCH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS GOUVEA, JACQUELINE V 10301 HAGEN RANCH RD BOYNTON BCH, FL 33437
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03/19/05-80031-025.150.00

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: *Jacqueline Gouvea* **JACQUELINE GOUVEA** **03/16/05** **(561) 752-5522**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #