

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

1/

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90085 003 \*\*\*158.75

|                                          |  |                                                                                   |
|------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P03000110787</b>           |  |  |
| 1. Entity Name<br>RCV LABORATORIES, INC. |  |                                                                                   |

|                                                                                |                                                                    |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Principal Place of Business<br>10400 NW 33 STREET<br>270<br>MIAMI, FL 33172 US | Mailing Address<br>10400 NW 33 STREET<br>270<br>MIAMI, FL 33172 US |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|

66402681



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

01152004 Chg-P CR2E034 (10/03)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>20-0285581</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                                      |                                |
|----------------------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------------------------------------------|--------------------------------|

|                                                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br>MAZZA-MARTINEZ, TANIA A MS.<br>780 NW 42 AV.<br>420<br>MIAMI, FL 33128 |  |
|-------------------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                                                                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 7. Name and Address of New Registered Agent<br>Name <b>Aurelio A. Piedra</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>780 NW 42 Ave Ste 516</b><br>City <b>Miami</b> FL Zip Code <b>33126</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 \_\_\_\_\_ DATE **1/15/04**

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Delete |
| P.S<br>ROMAN, JOSE T MR.<br>10400 NW 33 STREET SUITE 270<br>MIAMI, FL 33172 |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Delete |
| VP T<br>VARGAS, ENDRI E MR<br>10400 NW 33 STREET<br>MIAMI, FL 33172         |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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 807, 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: *Jose T. Roman* DATE: **1/15/04**