

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P04000081117**

1. Entity Name  
**BIOSA FLORIDA, INC.**



Principal Place of Business  
**602 HAMPSHIRE LN  
HOLMES BCH, FL 34217**

Mailing Address  
**602 HAMPSHIRE LN  
HOLMES BCH, FL 34217**



05022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**73-1706256**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**VINHAGE, MICHAEL  
602 HAMPSHIRE LN  
HOLMES BCH, FL 34217**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V/D  
VINHAGE, MICHAEL  
602 HAMPSHIRE LN  
HOLMES BCH, FL 34217**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/D  
BRASSAT, KURT  
5808 GULF DRIVE  
HOLMES BEACH, FL 34217**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S/D  
VOOREN, CARLA  
3607 EAST BAY DRIVE, #111  
HOLMES BEACH, FL 34217**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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05/25/07-80074-015 150:00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**05-01-07 941-926 5026**