

**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P04000091105

1. Entity Name
BIOPHARM SOLUTIONS GROUP, INC.



Principal Place of Business
1901 BRICKELL AVE SUITE B2401
MIAMI, FL 33129

Mailing Address
296 RACQUET CLUB RD #106
WESTON, FL 33326

FILED
05 NOV 29 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11222005 REIN-P CR2E098 (6/04)

4. FEI Number 03-0543557	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required <input type="checkbox"/>
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6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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
After January 1, 2006, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PST
NAME: VARON, EDUARDO J
STREET ADDRESS: 1901 BRICKELL AVE SUITE B2401
CITY ST ZIP: MIAMI, FL 33129

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

1000061762661
11/29/05--01070--002 **158.75

TITLE: V
NAME: LOCKWOOD, EDUARDO A
STREET ADDRESS: 1901 BRICKELL AVE SUITE B2401
CITY-ST-ZIP: MIAMI, FL 33129

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE: D
NAME: HERNANDEZ, JORGE E
STREET ADDRESS: 1901 BRICKELL AVE SUITE B2401
CITY-ST-ZIP: MIAMI, FL 33129

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

10/9/11/30

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

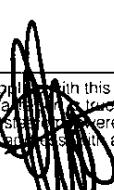
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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 supplement 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 amendment to all other like empowered.

SIGNATURE: 
EDUARDO J. VARON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-28-05

Date

787-272-3345
Daytime Phone #