

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000091105

1. Entity Name
BIOPHARM SOLUTIONS GROUP, INC.



FILED
05 NOV 29 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

11222005 REIN-P CR2E098 (6/04)

4. FEI Number
03-0543557

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New 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 _____ (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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 100061762661
STREET ADDRESS 11/29/05--01070--002 **158.75
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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

11-28-05 787-272-3345
Date Daytime Phone #