


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90004 014 \*\*\*150.00

DOCUMENT # P04000171933  
 1. Entity Name  
 BIOTICA LABORATORIES, INC.




Principal Place of Business      Mailing Address  
 519 CLEVELAND STREET STE 101      519 CLEVELAND STREET STE 101  
 CLEARWATER, FL 33755      CLEARWATER, FL 33755

**40029963**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 2180 Calumet Street      2180 Calumet Street  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Clearwater, Florida      Clearwater, Florida

Zip      Country      Zip      Country  
 33765      USA      33765      USA



02012007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
 20-2057907      Not Applicable

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

6. Name and Address of Current Registered Agent  
 LYONS, GARY W  
 311 SOUTH MISSOURI AVE  
 CLEARWATER, FL 33756

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAKAN, JOHANSSON			NAME			
STREET ADDRESS	519 CLEVELAND STREET STE 101			STREET ADDRESS	2180 Calumet Street		
CITY-ST-ZIP	CLEARWATER, FL 33755			CITY-ST-ZIP	Clearwater Florida 33765		
TITLE	DVST	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHANSSON, GABRIELA			NAME			
STREET ADDRESS	519 CLEVELAND STREET STE 101			STREET ADDRESS	2180 Calumet Street		
CITY-ST-ZIP	CLEARWATER, FL 33755			CITY-ST-ZIP	Clearwater, Florida 33765		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: \_\_\_\_\_ Date: 2/19/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #