2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000057239

Entity Name: BIOSCIENCE CONSULTING INC.

121 RESERVE CIRC. APT. 101

OVIEDO, FL 32765 US

Address: City-St-Zip: FILED Apr 28, 2008 Secretary of State

Littly Nai	ile. BIOSCIEI	NCE CONSOLTING INC.					
Current Principal Place of Business:			New Prin	New Principal Place of Business:			
5555 COLI 14 T	LINS AVE.		5161 CO 202	LINS AVE			
	ACH, FL 33140) US		EACH, FL 3	3140	US	
Current Mailing Address:				New Mailing Address:			
5555 COLI	LINS AVE.			LINS AVE			
14 T MIAMI BEA	ACH, FL 33140) US	202 MIAMI BE	EACH, FL 3	3140	US	
FEI Number:	20-8747303	FEI Number Applied For ()	FEI Number Not Ap	plicable ()	Ce	ertificate of Status Des	sired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
CARNERO, RUBEN L 5555 COLLINS AVE. 14 T MIAMI BEACH, FL 33140 US				CARNERO, RUBEN L 5161 COLLINS AVE 202 MIAMI BEACH, FL 33140 US			
	named entity s e of Florida.	submits this statement for the p	urpose of changing	ı its registere	ed offic	e or registered age	nt, or both,
SIGNATURE:				04/28/2008			
	Electron	ic Signature of Registered Age	nt			Date	
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () CARNERO, RU RUA DIOGO PE SAO PAULO, S	EREIRA 1	Title: Name: Address: City-St-Zip:		() Ch	ange()Addition	
Title: Name: Address: City-St-Zip:	` '		Title: Name: Address: City-St-Zip:	5161 COLI	VIDAL, LINS AVI		
Title: Name:	D () CARNERO VID	Delete AL, IGNACIO J	Title: Name:		() Ch	ange()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: RUBEN CARNERO MR 04/28/2008