

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000057239

FILED
Feb 19, 2009
Secretary of State

Entity Name: BIOSCIENCE CONSULTING INC.

Current Principal Place of Business:

5161 COLLINS AVE
202
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

6834 NW 107 PL
DORAL, FL 33178 US

Current Mailing Address:

5161 COLLINS AVE
202
MIAMI BEACH, FL 33140 US

New Mailing Address:

6834 NW 107 PL
DORAL, FL 33178 US

FEI Number: 20-8747303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARNERO, RUBEN L
5161 COLLINS AVE
202
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

CARNERO, RUBEN L
6834 NW 107 PL
DORAL, FL 33178 US

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.

SIGNATURE: JULIANA MOREN

02/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARNERO, RUBEN L
Address: 5161 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: VP () Delete
Name: CARNERO VIDAL, LISANDRO G DR.
Address: 5161 COLLINS AVE # 202
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: D () Delete
Name: CARNERO VIDAL, IGNACIO J
Address: 121 RESERVE CIRC. APT. 101
City-St-Zip: OVIEDO, FL 32765 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CARNERO, RUBEN L
Address: 6434 NW 107 PL
City-St-Zip: DORAL, FL 33178 US

Title: VP (X) Change () Addition
Name: CARNERO VIDAL, LISANDRO G DR.
Address: 3646 VIEW DRIVE
City-St-Zip: DEXTER, MI 48130 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JULIANA MOREN

D

02/19/2009

Electronic Signature of Signing Officer or Director

Date