

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000085357

1. Entity Name
BIO-GREEN MEDICAL LOGISTICS, INC.



Principal Place of Business
8280 NW 185TH STREET
HIALEAH, FL 33015

Mailing Address

8280 NW 185TH STREET
HIALEAH, FL 33015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072006 Chg-P CR2E034 (11/05)

4. FEI Number
08-0586565

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRAHAM, BRUCE
8280 NW 185TH STREET
HIALEAH, FL 33015

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 renewing)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

B. 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
NAME
STREET ADDRESS
CITY-ST-ZP

PCEO
GRAHAM, BRUCE
8280 NW 185TH STREET
HIALEAH, FL 33015

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZP

C
GRAHAM, BRUCE
8280 NW 185TH STREET
HIALEAH, FL 33015

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-06

Date

Daytime Phone #

03-10-2006 90006 012 ***158.75

**FILED
Apr 12, 2006 8:00 am
Secretary of State**