


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

04-13-2006 90307 011 ***163.75

DOCUMENT # P06000004969 1. Entity Name EMBRYONARY CELLS CORPORATION					
Principal Place of Business 18232 CYPRESS HAVEN DR. N/A TAMPA, FL 33647			Mailing Address 18232 CYPRESS HAVEN DR. N/A TAMPA, FL 33647		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 13-4322333	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PIKE, MARIA T 18232 CYPRESS HAVEN DR. N/A TAMPA, FL 33647				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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-ZIP	CHA. PIKE, MARIA T CHA. 18232 CYPRESS HAVEN DR TAMPA, FL 33647 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCHA FORERO, JORGE D VCH. 10701 CEDAR PINE DR UNIT 15 TAMPA, FL 33647 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRE FORERO, MARIA C 11400BANNER COURD APT0 1203 ORLANDO, FL 32821 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, FORERO, ISMAEL E P, 18232 CYPRESS HAVEN DR. TAMPA, FL 33647 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORERO, ANDRES VP 18232 CYPRESS HAVEN DR. TAMPA, FL 33647 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Maria Teresa Pike</u> <u>April 11 / 2006</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



ATTACHMENT
66014555
Division of Corporations

2006 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P06000004969
Business Entity Name	EMBRYONARY CELLS CORPORATION
Original File Date	08/17/2005

FEI Number

Principal Address 18232 CYPRESS HAVEN DR.
N/A
TAMPA, FL 33647

Mailing Address 18232 CYPRESS HAVEN DR.
N/A
TAMPA, FL 33647

Registered Agent MARIA T PIKE
18232 CYPRESS HAVEN DR.
N/A
TAMPA, FL 33647 US

Officer/Director Name And Address

CHA.
CHA. MARIA T PIKE
18232 CYPRESS HAVEN DR
TAMPA, FL 33647

VCHA
VCH. JORGE D FORERO
10701 CEDAR PINE DR UNIT 15
TAMPA, FL 33647

TRE
MARIA C FORERO
11400 BANNER COURD APTO 1203
ORLANDO, FL 32821

P.
P, ISMAEL E FORERO
18232 CYPRESS HAVEN DR.

ATTACHMENT

TAMPA, FL 33647

VP
VP ANDRES FORERO
18232 CYPRESS HAVEN DR.
TAMPA, FL 33647

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