

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

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



04122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4322333

Applied For
Not Applicable

5. Certificate of Status Desired



\$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

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

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

U000000730020
05/08/07-80061-016 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHA. PIKE, MARIA T CHA. 18232 CYPRESS HAVEN DR TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCHA FORERO, JORGE D VCH. 10701 CEDAR PINE DR UNIT 15 TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRE FORERO, MARIA C 11400BANNER COURD APTD 1203 ORLANDO, FL 32821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, FORERO, ISMAEL E P. 18232 CYPRESS HAVEN DR. TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORERO, ANDRES VP 18232 CYPRESS HAVEN DR. TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Maria Teresa Pike* *Maria Teresa Pike* *April 19/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 994-2768