

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

3/

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90050 027 \*\*\*150.00

**DOCUMENT # P06000035451**

1. Entity Name  
**BIOSOLUTIONS USA, INC.**



Principal Place of Business  
**7238 LETITIA LANE  
SARASOTA, FL 34241**

Mailing Address  
**7238 LETITIA LANE  
SARASOTA, FL 34241**

66005643



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02262007 Chg-P CR2E034 (12/06)

4. FEI Number

**51-0569834**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LEVITT, SANDY  
2201 RINGLING BLVD SUITE 203  
SARASOTA, FL 34237**

7. Name and Address of New Registered Agent

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 re-registering)

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	COOKSEY, EDWIN V	
STREET ADDRESS	7238 LETITIA LANE	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOKSEY, HARRIET W	
STREET ADDRESS	7238 LETITIA LANE	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOKSEY, E. LADD	
STREET ADDRESS	1018 GRACELAWN DRIVE	
CITY-ST-ZIP	BRENTWOOD, TN 37027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

*Edwin V. Cooksey* **Edwin V. Cooksey**

**2/28/07**

**941/922-0192**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*President*