

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000054730

FILED  
Jul 06, 2007  
Secretary of State

Entity Name: BIONOVA A CLINICAL RESEARCH GROUP INC.

## Current Principal Place of Business:

180 SW 84TH AVE  
SUITE A&B  
PLANTATION, FL 33324

## New Principal Place of Business:

## Current Mailing Address:

180 SW 84TH AVE  
SUITE A&B  
PLANTATION, FL 33324

## New Mailing Address:

FEI Number: 20-4724460

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD  
#221E  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

EPSTEIN, ANNA-MARIE P  
180 SW 84 AVENUE  
SUITE B  
PLANTATION, FL 33324 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: ANNA-MARIE EPSTEIN

07/06/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: EPSTEIN, MORRIS V M.D.  
Address: 180 SW 84TH AVE, SUITE A&B  
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete  
Name: ALEXANDER, MICHAEL R M.D.  
Address: 180 SW 84TH AVE, SUITE A&B  
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete  
Name: KAHN, PAUL R M.D.  
Address: 180 SW 84TH AVE, SUITE A&B  
City-St-Zip: PLANTATION, FL 33324

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MORRIS EPSTEIN

MD

07/06/2007

Electronic Signature of Signing Officer or Director

Date