2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 11, 2008 8:00 am
Secretary of State
05-09-2008 90014 025 ***150.00

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1st MOORE CR2E034 (10/07)

DOCUMENT # P07000011157

1. Entity Name

THE VIRUS HUNTER, INC.

Principal Place of Business	Mailing Address
3425 COLLINS AVE #401 MIAMI BCH FL 33140	3425 COLLINS AVE #401 MIAMI BCH FL 33140

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3425 Collins Ave #401	Gisselle Gonzalez
Suite, Apt. #, etc.: Miami Beach, Fl 33140	Suite, Apt. #, etc.: 6260 NW 111 Te
City & State: 33140 USA	City & State: Hialeah, Fl
Zip / Country	Zip: 33012 Country: USA

4. FEI Number EIN # 26-0807509 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. 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: PSTD NAME: GONZALEZ, GISELLE STREET ADDRESS: 3425 COLLINS AVE #401 CITY-ST-ZIP: MIAMI BCH FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ______________________ 4/20/08 3055562943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #