


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90041 035 ***150.00

DOCUMENT # P07000012877					
1. Entity Name BIO-SCIENCE ENVIRONMENTAL SERVICES AND SOLUTIONS, INC.					
Principal Place of Business 1501 NW 1ST COURT BOCA RATON, FL 33432			Mailing Address 1501 NW 1ST COURT BOCA RATON, FL 33432		
2. Principal Place of Business - No P.O. Box # <i>Bio-Science</i>		3. Mailing Address <i>1501 NW 1st Ct.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Boca Raton, FL</i>		City & State <i>Boca Raton, FL</i>		4. FEI Number <i>208328693</i>	
Zip <i>33432</i>		Country <i>US</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LEGAL AND SAFETY RESOURCES, LLC 777 S. FLAGLER DR. SUITE 800 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name <i>Legal and safety Resources, LLC</i> Street Address (P.O. Box Number is Not Acceptable) <i>777 S. Flagler Dr., Ste 800</i> City <i>West Palm Beach</i> <i>FL</i> Zip Code <i>33401</i>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PD SHIPPOLE, ANTHONY 1501 NW 1ST COURT BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD SHIPPOLE, JOHN 1501 NW 1ST COURT BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD SHEA, CHERYL 1501 NW 1ST COURT BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRICK, DEAN 1501 NW 1ST COURT BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELGADO, ALEX 1501 NW 1ST COURT BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAYLES, DOUGLAS 1501 NW 1ST COURT BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additions/changes)				
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date _____ Daytime Phone # _____</small>					