2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all

SIGNATURE:

Secretary of State DOCUMENT # P07000032077 02-27-2008 90001 018 ***150.00 1. Entity Name **BIONICS IN ACTION CORP.** Principal Place of Business Mailing Address 66003732 848 BRICKELL AVENUE, SUITE 830 848 BRICKELL AVENUE, SUITE 830 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03102008 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State Not Applicable 14-1992147 Zip Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ADWAR, RENEE ESQ Street Address (P.O. Box Number is Not Acceptable) 848 BRICKELL AVENUE, SUITE 830 MIAMI, FL 33131. City Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete D Lodato, Franco 🗊 1895 Harbor Point Circle TITLE TITLE Change ☐ Addition NAME LODATO, FRANCO NAME STREET ADDRESS 9481 HIGHLAND OAK DRIVE #1616 STREET ADDRESS Ft. Lauderdale, FL 33327 TAMPA, FL 336472588 CITY-ST-ZIP CITY-ST-ZIP D 🔼 Delete D THE TITLE ☐ Addition LODATO, SONYA L Lodato, Sonya L NAME NAME STREET ADDRESS 9481 HIGHLAND OAK DRIVE #1616 STREET ADDRESS 1895 Harbor Point Circle CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 336472588 Ft. LAuderdale, FL 33327 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition r. May a way NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filting 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

ING OFFICER OR DIRECTOR

FILED

Mar 13, 2008 8:00 am

2008 FOR PROFIT CORPORATION ANNUAL REPORT

2/27/2008-90001-018-\$150.00-\$150.00

Principal Place of Business 848 BRICKELL AVENUE, SUITE 830 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. City & State City & State Mailing Address 848 BRICKELL AVENUE, SUITE 830 MIAMI, FL 33131 (6 6 0 3 7 3 Mailing Address 3. Mailing Address O1312008 Chg-P CR2E034 (12	•
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	<u>· · · · · · · · · · · · · · · · · · · </u>
Name	
ADWAR, RENEE ESQ 848 BRICKELL AVENUE, SUITE 830 MIAMI, FL 33131 Street Address (P.O. Box Number is Not Acceptable)	
FL)	Code
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