

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

02-27-2008 90001 018 ***150.00

DOCUMENT # P07000032077

1. Entity Name
BIONICS IN ACTION CORP.



Principal Place of Business
**848 BRICKELL AVENUE, SUITE 830
MIAMI, FL 33131**

Mailing Address
**848 BRICKELL AVENUE, SUITE 830
MIAMI, FL 33131**

66003732



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

03102008

Chg-P

CR2E034 (12/06)

4. FEI Number

14-1992147

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

**ADWAR, RENEE ESQ
848 BRICKELL AVENUE, SUITE 830
MIAMI, FL 33131.**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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** ☒ Delete
NAME **LODATO, FRANCO**
STREET ADDRESS **9481 HIGHLAND OAK DRIVE #1616**
CITY-ST-ZIP **TAMPA, FL 336472588**

TITLE **D** ☒ Delete
NAME **LODATO, SONYA L**
STREET ADDRESS **9481 HIGHLAND OAK DRIVE #1616**
CITY-ST-ZIP **TAMPA, FL 336472588**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Lodato, Franco**
STREET ADDRESS **1895 Harbor Point Circle**
CITY-ST-ZIP **Ft. Lauderdale, FL 33327**

TITLE **D** ☒ Change ☐ Addition
NAME **Lodato, Sonya L**
STREET ADDRESS **1895 Harbor Point Circle**
CITY-ST-ZIP **Ft. Lauderdale, FL 33327**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


3/10/08 (305)374-4422

Date

Daytime Phone #

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P07000032077 1. Entity Name BIONICS IN ACTION CORP.					
Principal Place of Business 848 BRICKELL AVENUE, SUITE 830 MIAMI, FL 33131			Mailing Address 848 BRICKELL AVENUE, SUITE 830 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01312008 Chg-P CR2E034 (12/06)	
4. FEI Number 14-199214				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 ADWAR, RENEE ESQ 848 BRICKELL AVENUE, SUITE 830 MIAMI, FL 33131			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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
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	D <input checked="" type="checkbox"/> Delete LODATO, FRANCO 9481 HIGHLAND OAK DRIVE #1616 TAMPA, FL 336472588		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lodato, Franco 1895 Harbor Point Circle Ft. Lauderdale, FL 33327	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete LODATO, SONYA L 9481 HIGHLAND OAK DRIVE #1616 TAMPA, FL 336472588		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lodato, Sonya L 1895 Harbor Point Circle Ft. Lauderdale, FL 33327	
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/15/08 305 3744422 <small>Date Daytime Phone #</small>		

ATTACHMENT

66003732