

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000110059

Entity Name: TEAM BIOHAZARD-USA INC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

9703 ROYCE DRIVE
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

12157 W LINEBAUGH AVE
SUITE 245
TAMPA, FL 33626

New Mailing Address:

FEI Number: 26-1200453 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUNWANI, AMEET A
ONE TAMPA CITY CENTER SUITE 2505
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

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: P () Delete
Name: FAMIGLIETTI, DIANE A
Address: 9703 ROYCE DRIVE
City-St-Zip: TAMPA, FL 33626

Title: S () Delete
Name: FAMIGLIETTI, DIANE A
Address: 19201 DEER POINT CT
City-St-Zip: ALPHARETTA, GA 30004

Title: V () Delete
Name: HOWELL, GARY P
Address: THE CHERITON, ILYSWEN, BRECON POWYS
City-St-Zip: LD30YA WALES,

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: DIANE A FAMIGLIETTI

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date