## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 31, 2008 8:00 am Secretary of State

DOCUMENT # P07000123673  1. Entity Name RELATIONOMICS, INC.						0019 001 ***150.	00
Principal Plac		Mailing Address		40054	1950		
2103 CORAL SUITE 202	WAY	2103 CORAL WAY Suite 202		4000	-		
MIAMI, FL 3	3145	MIAMI, FL 33145		·			
2. Delector Disco of Discisors No DO Dough							
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3601 MATHESON AVE 3601 MATH			esan A	ve  """"	i <b>da</b> ni i <b>ad</b> h <b>co</b> im <b>co</b> ir <b>is</b> id	11 RBT2 RB20 JR10 ORNI 18080 I	W3W 11 !!!!
Suite, Apt. #, etc. Suite, Apt. #, etc.			03272008	Chg-P	CR2E034 (12/06)		
City & Carty				1	•	` '	·
COCONNT Grove FL		COCONUT Grove FL		4. FEI NUMBO	26-168	8961	pplied For ot Applicable
Zip	2 2 Country	<sup>Zin</sup> 33133	Country	5. Certificate	of Status Desired	T 30./3 Add	ditional
331	6. Name and Address of Current F		USA	<u> </u>	Address of New Re	Fee Require	:d
	54	Valla. V	Accircas of Real Re	sgistered Again			
	E, WILLIAM R	Street A	ddress (P.O. Bo) Numb	eris Not Acceptable	١.		
6795 SW 74TH STREET SOUTH MIAMI, FL 33143			_34			Aue	
	••						
			City <b>C</b>	conut 9r	ove	FL Zip Cod	e 3 3
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent obth, in the State of Florida. I am familiar with, and accept							
the obligations of pagistered agent.							
SIGNATURE Felly (050), resident signature. Typed or printed name of regarded agent and tible of applicable. Informs: Registered Agent signature required when renstrating) Agent DATE							
FILE NOWI!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.							
10.	OFFICERS AND E		11.	ADDITIONS,	CHANGES TO OFFI	CERS AND DIRECTOR	
TITLE Name	PD Kosow, Kelley	☐ Delete	TITLE Name			Change	☐ Addition
STREET ADDRESS	2103 CORAL WAY, SUITE 202		STREET ADDRESS	3601 M	atheso	n Ave	
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP	COCONUT	Grove	FL 331	33
TIFLE NAME	STD BURDETTE, WILLIAM R	<b>™</b> Delete	TITLE Name			Change	☐ Addition
STREET ADDRESS	2103 CORAL WAY, SUITE 202		STREET ADDRESS				
CLTY-ST-ZIP	MIAMI, FL 33145		CFTY-SF-ZIP		- <del></del>		
THILE	MD RANGOINI CAMIA	☐ Delete	TITLE			Change	Addition
name Street adoress	BAHSOUN, SAMIA 2103 CORAL WAY, SUITE 202		STREET ADDRESS	3601 MA			
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP	Coconu	+ grove	FL 33	3133
TITLE	MD	☐ Delete	TITLE	. (	J	Change	Addition
name Street address	WONG, SWEE 2103 CORAL WAY, SUITE 202		name Street adoress	3601 MA	THESON	J: AUR	
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP		Srove	FL 33	133
TITLE	MP	☐ Delete	TITLE	M A	()	Chapte	Addition
name Street address	JEFFREY MAL 3601 MATHES	ONE	rame Street address	JEFFREY 3601 M/	MALONE	LAVE	
CUA-21-SIB	COCONUT Gro	ve FL 33/3	CITY-ST-ZIP	COCONU	T Grove	FL 33	2123
TITLE	J'	☐ Diclete	TITLE			Change	Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
12. I hereby d	I certify that the information supplied with	this filing does not qualify for th	e exemptions c	Ontained in Chapter 119	3, Florida Statutes. 1	further certify that the i	nformation
of the con	on this report or supplemental report is poration or the receiver or trustee emporence.	wered to execute this report as:	signature shall h required by Cha	ave the same legal effect opter 607, Florida Statute	at as if made under o es; and that my name	ath; that I am an officer appears in Block 10 o	r or director ir Block 11 if
changed, or on an attachmost with an address, with all other like empowered.							
SIGNATURE: 15 SIGNATURE AND TYPED OR FIRST DE SIGNATURE AND TY							