

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000072533

Entity Name: BIEX, INC.

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

2227 NW 79TH AVE, S315
DORAL, FL 331221618

New Principal Place of Business:

Current Mailing Address:

2227 NW 79TH AVE, S315
DORAL, FL 331221618

New Mailing Address:

2227 NW 79TH. AVE. S315
DORAL, FL 331221618

FEI Number: 26-3277668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE
SUITE 125
CORAL GABLES, FL 33146 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: WOLOZNY HONK, RUBEN EFRAIN
Address: 2227 NW 79TH AVE, S315
City-St-Zip: DORAL, FL 331221618

Title: SD () Delete
Name: ROBELO DE WOLOZNY, ANA CECILIA G
Address: 2227 NW 79TH AVE, S315
City-St-Zip: DORAL, FL 331221618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: RUBEN EFRAIN WOLOZNY

MR.

04/24/2009

Electronic Signature of Signing Officer or Director

Date