2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000071059

Entity Name: INMUNO VITAL, INC.

FILED Jan 15, 2004 Secretary of State

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Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
13605 SW 149 AVE			13605 SW 149 AVE		
3 MIAMI, FL 33196			UNIT 3 MIAMI, FL 33196		
Current M	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
13605 SW	′ 149 AVE		13605 SW 149 AVE		
3 MIAMI, FL	33196		UNIT 3 MIAMI, FL 33196		
FEI Number	: 65-0442324	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
	DEXTER M. AL GATE DR 33145 US				
The above in the State	named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	gent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (BACKUS, DEX 2100 CORAL (MIAMI, FL 33	GATE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (JACOBS, PAT 10920 SW 134 MIAMI, FL 33	I CT	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PATRICIA JACOBS VP 01/15/2004