
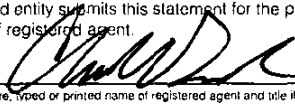
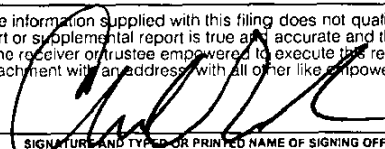


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90159 041 ***150.00

DOCUMENT # P94000002098 1. Entity Name BIO-NUCLEONICS, INC.			
Principal Place of Business 1910 NE MIAMI COURT MIAMI, FL 33132 US		Mailing Address 1910 NE MIAMI COURT MIAMI, FL 33132 US	
2. Principal Place of Business - No P.O. Box # 10425 NW 37TH TERRACE Suite, Apt. #, etc.		3. Mailing Address 10425 NW 37TH TERRACE Suite, Apt. #, etc.	
City & State DORAL, FL		City & State DORAL, FL	
Zip 33178		Country USA	
4. FEI Number 65-0462896		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 ORAND, CHRISTOPHER 1910 NE MIAMI COURT MIAMI, FL 33132		7. Name and Address of New Registered Agent Name Christopher ORAND Street Address (P.O. Box Number is Not Acceptable) 10425 NW 37TH TERRACE City DORAL FL 33178	
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:  DATE: 4/30/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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/P SATZ, STANELY 9372 HARDING AVE. SURFSIDE, FL 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSANNE SATZ 10425 NW 37 TH TERRACE DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS SATZ, ROSEANNE 290-174TH STE 2215 SUNNY ISLES BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRISTOPHER ORAND 10425 NW 37 TH TERRACE DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSO STANLEY SATZ 10425 NW 37 TH TERRACE DORAL, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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: 		Date: 4/30/08 Daytime Phone #: 305 468 9141	