

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90069 034 \*\*\*150.00

<b>DOCUMENT # P94000042175</b> 1. Entity Name <b>BIOTECHNOLOGY MANAGEMENT ASSOCIATES, INC.</b>			
Principal Place of Business <b>7501 NW 4TH STREET STE 210 PLANTATION, FL 33317</b>		Mailing Address <b>7501 NW 4TH STREET STE 210 PLANTATION, FL 33317</b>	
2. Principal Place of Business <b>4400 SW 95th Ave</b>		3. Mailing Address <b>4400 SW 95th Ave</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Cooper City FL</b>		City & State <b>Cooper City FL</b>	
Zip <b>33328</b>		Zip <b>33328</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0502808</b>		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  <b>SILVESTRI, LOUI 7501 NW 4TH STREET STE 210 PLANTATION, FL 33317</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4400 SW 95th Ave</b> City <b>Cooper City FL</b> Zip Code <b>33328</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SILVESTRI, LOUI 7501 NW 4TH STREET STE 210 PLANTATION, FL 33317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4330 SW 95th Avenue DAVIE FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MANDLI, DIANA 7501 NW 4TH ST STE 210 PLANTATION, FL 33317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4330 SW 95th Avenue DAVIE FL 33328
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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 the empowered.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		03/07/2006 954-641-6400 Date Daytime Phone #	