



FILED
Jun 08, 2006 8:00 am
Secretary of State

06-08-2006 90002 042 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000054379			
1. Entity Name USA RESEARCH INSTITUTE OF BIOLOGIC MEDICINE, INC.			
Principal Place of Business 4445 WEST 16 AVENUE 504 HIALEAH, FL 33012 US		Mailing Address 4445 WEST 16 AVENUE # 605 HIALEAH, FL 33012 US	
2. Principal Place of Business 4445 W 16th Ave #401		3. Mailing Address 4445 W 16th Ave #401	
Suite, Apt. #, etc. #401		Suite, Apt. #, etc. #401	
City & State Hialeah, FL		City & State Hialeah, FL	
Zip 33012	Country Dade	Zip 33012	Country Dade
4. FEI Number NOT APPLICABLE 65-050-7107		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 NICOLAS, FRANCISCA 3641 W 2ND AVE HIALEAH, FL 33012		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State FL		State FL	
Zip Code		Zip Code	
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 _____ <small>(Check, mark or print name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering.)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S ARMENGOL, SALVADOR	NAME	Armengol, Salvador
STREET ADDRESS	4445 W 16TH AVE # 605	STREET ADDRESS	4445 W 16th Ave #401
CITY- ST- ZIP	HIALEAH, FL 33012	CITY- ST- ZIP	HIAleah, Fl 33012
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICOLAS, FRANCISCA	NAME	
STREET ADDRESS	3641 W 2ND AVE	STREET ADDRESS	
CITY- ST- ZIP	HIALEAH, FL 33012	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
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 or empowered to execute this report as required by Chapter 807, 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 endorsements.			
SIGNATURE: 		SALVADOR ARMENGOL	
Date		Date	
		6-6-06 305-5573153	