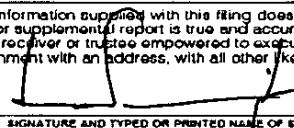


FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90194 043 ***158.75

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000074832					
1. Entity Name BIOLOGICAL RESEARCH & INVESTMENT CORPORATION					
Principal Place of Business 444 BRICKELL AVE., SUITE 51-246 MIAMI, FL 33131			Mailing Address 444 BRICKELL AVE., SUITE 51-246 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0530845				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
IBC FIDUCIARY INC 100 S.E. 2ND STREET SUITE 2315 MIAMI, FL 33131				Name IBC FIDUCIARY INC Street Address (P.O. Box Number is Not Acceptable) 100 SE 2ND STREET SUITE 2222 City MIAMI FL Zip Code 33131	
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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JENSEN, C		NAME		
STREET ADDRESS	444 BRICKELL AVE 51-246		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	PAS	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	ROMAN, M		NAME		
STREET ADDRESS	444 BRICKELL AVE 51-246		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	D-P-AS	☐ Change ☒ Addition
NAME	SMEJDA, L		NAME	WEISNER, S.	
STREET ADDRESS	100 SE 2ND ST 2222-A		STREET ADDRESS	444 BRICKELL AVE 51-246	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HENNING, U		NAME		
STREET ADDRESS	444 BRICKELL AVE 51-246		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 110, 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: 4/24/08 (305) 358-9990		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		