


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**


04-13-2005 90069 020 \*\*\*158.75

**DOCUMENT # P95000051510**  
 1. Entity Name  
**IMMUNOVISION, INC.**



Principal Place of Business 2140 NORTH MIAMI AVENUE ATTN: DUANE STEELE MIAMI, FL 33127 US	Mailing Address 2140 NORTH MIAMI AVENUE ATTN: DUANE STEELE MIAMI, FL 33127 US
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0598135	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

RUBIN, STEVEN D  
 4400 BISCAYNE BLVD.  
 MIAMI, FL 33137

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP D'URSO, GIORGIO 2140 NORTH MIAMI AVENUE MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEELE, DUANE 2140 NORTH MIAMI AVENUE MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS DEÜTSCH, MARK 2140 NORTH MIAMI AVE MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO CLARK, KEVIN 2140 NORTH MIAMI AVENUE MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** MARK DEUTSCH MDH 01/19/2005 305-324-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #