

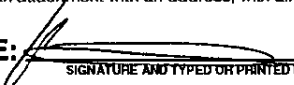


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90316 025 \*\*\*150.00

<b>DOCUMENT # P96000013791</b> 1. Entity Name <b>XOCHI BIOSYSTEMS, INC.</b>					
Principal Place of Business <b>2330 WEST NEW HAVEN DR. MELBOURNE, FL 32904</b>			Mailing Address <b>2330 WEST NEW HAVEN DR. MELBOURNE, FL 32904</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
04272004      Chg-P      CR2E034 (10/03)				4. FEI Number <b>59-3357842</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>GALLAGHER, RONALD 390 NARRAGANSETT ST NE PALM BAY, FL 32907</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>LEHMAN, PETER</b> <b>174 SKYLINE BLVD</b> <b>SATELITE BEACH, FL 32937</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>FRANCISCO BORJA GOMEZ POSE</b> <b>172 VIRGINIA RD.</b> <b>W. MELBOURNE, FL 32904</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>GALLAGHER, RONALD</b> <b>390 NARRAGANSETT ST NE</b> <b>PALM BAY, FL 32907</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>SANCHEZ-GARRET, LYDIA</b> <b>13400 SW 57 STREET</b> <b>MIAMI, FL 33193</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>  <b>FRANCISCO BORJA GOMEZ POSE</b> <b>4/27/04</b> <b>321 722 0045</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					