

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000027032

Entity Name: KANZYME LABORATORIES INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

13022 SW 128TH STREET
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

13022 SW 128TH STREET
MIAMI, FL 33186

New Mailing Address:

FEI Number: 65-0759830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NWANICWO, DONALD DR.
15452 SW 146 TERR.
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

NWANKWO, DONALD DR.
15452 SW 146 TERR.
MIAMI, FL 33196 US

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.

SIGNATURE: DR. DONALD NWANKWO

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NWANKWO, DONALD DR.
Address: 15452 SW 146TH TERR
City-St-Zip: MIAMI, FL 33196

Title: D () Delete
Name: NWANKWO, BERNICE
Address: 15452 SW 146TH TERR
City-St-Zip: MIAMI, FL 33196

Title: D () Delete
Name: NWANKWO, VICTOR
Address: 14241 SW 163RD ST.
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: NWANKWO, SOLOMON
Address: 15452 SW 146TH TERR
City-St-Zip: MIAMI, FL 33196

Title: D () Delete
Name: ANADU, EDITH DR
Address: 524 NORTHRIDGE STREET
City-St-Zip: ORANGEBURG, SC 29118

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: OKPUKPARA, KATE DR.
Address: 2775 LAWRENCE MILL RUN
City-St-Zip: MARIETTA, SC 30068

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. DONALD NWANKWO

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date