


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

03-29-2004 90406 001 \*\*\*150.00

**DOCUMENT # P96000051070**

1. Entity Name  
**BAYVIEW THERAPEUTICS OF MIAMI INC.**



Principal Place of Business 1440 KENNEDY CAUSEWAY SUITE 201 MIAMI BEACH, FL 33141 US	Mailing Address 1440 KENNEDY CAUSEWAY SUITE 201 MIAMI BEACH, FL 33141 US
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2. Principal Place of Business	3. Mailing Address <i>11601 Biscayne Blvd.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>Suite 306</i>
City & State	City & State <i>North Miami, FL</i>
Zip	Zip <i>33181</i>
Country	Country <i>USA</i>

02252004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0686752	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 BARRIOS, VICTORIA <del>825 BRICKELL BAY DRIVE APT #1444</del> MIAMI, FL 33131 <i>905 Brickell Bay Drive Apt # 527</i>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BARRIOS, VICTORIA <del>825 BRICKELL BAY DRIVE APT #1444</del> MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>905 Brickell Bay Drive, Apt #527</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST GOTLINSKY, DAVID 1440 KENNEDY CAUSEWAY STE 429A MIAMI, FL 33141 <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
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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.

SIGNATURE: *[Signature]* *03/02/04* *305-892-3730*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #