

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000051070

FILED
Aug 17, 2005
Secretary of State

Entity Name: BAYVIEW THERAPEUTICS OF MIAMI INC.

Current Principal Place of Business:

1440 KENNEDY CAUSEWAY
SUITE 201
MIAMI BEACH, FL 33141 US

New Principal Place of Business:

1966 NE 125TH STREET
109
MIAMI, FL 33181 US

Current Mailing Address:

11601 BISCAYNE BLVD
SUITE 306
MIAMI, FL 33181 US

New Mailing Address:

1966 NE 125TH STREET
109
MIAMI, FL 33181 US

FEI Number: 65-0686752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRIOS, VICTORIA
905 BRICKELL BAY DRIVE
APT 527
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

GOTLINSKY, DAVID
1966 NE 125TH STREET
109
MIAMI, FL 33181 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: DAVID GOTLINSKY

08/17/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BARRIOS, VICTORIA
Address: 905 BRICKELL BAY DRIVE, APT 527
City-St-Zip: MIAMI, FL 33131

Title: DST () Delete
Name: GOTLINSKY, DAVID
Address: 1440 KENNEDY CAUSEWAY STE 429A
City-St-Zip: MIAMI, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DST (X) Change () Addition
Name: GOTLINSKY, DAVID
Address: 1966 NE 125TH STREET #109
City-St-Zip: MIAMI, FL 33181

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID GOTLINSKY

D

08/17/2005

Electronic Signature of Signing Officer or Director

Date