

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000051070

FILED
Feb 20, 2006
Secretary of State

Entity Name: BAYVIEW THERAPEUTICS OF MIAMI INC.

Current Principal Place of Business:

1966 NE 125TH STREET
109
MIAMI, FL 33181 US

New Principal Place of Business:

1966 NE 123RD STREET
109
MIAMI, FL 33181 US

Current Mailing Address:

1966 NE 125TH STREET
109
MIAMI, FL 33181 US

New Mailing Address:

1966 NE 123RD 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:

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

Name and Address of New Registered Agent:

GOTLINSKY, DAVID
1966 NE 123RD 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:

02/20/2006

Electronic Signature of Registered Agent

Date

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: 1966 NE 125TH STREET #109
City-St-Zip: MIAMI, FL 33181

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 123RD 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 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: DAVID GOTLINSKY

DST

02/20/2006

Electronic Signature of Signing Officer or Director

Date