

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000051438

FILED
Apr 09, 2004
Secretary of State

Entity Name: BIODYNAMICS CORPORATION

Current Principal Place of Business:

1560 SWAGRASS CORP
4TH FLOOR
SUNRISE, FL 33323 US

New Principal Place of Business:

1560 SAWGRASS CORPORATE PKWY.
4TH FLOOR
SUNRISE, FL 33323 US

Current Mailing Address:

P.O. BOX 268735
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 65-0674041 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBERENA, FERNANDO A
530 PENTA COURT
WESTON, FL 33327 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVT () Delete
Name: BARBERENA, FERNANDO A
Address: 530 PENTA COURT
City-St-Zip: WESTON, FL 33327

Title: DPS () Delete
Name: BARBERENA, MARIA A
Address: 530 PENTA COURT
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: FERNANDO BARBERENA

D

04/09/2004

Electronic Signature of Signing Officer or Director

_____ Date