

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000081766

FILED
Apr 06, 2004
Secretary of State

Entity Name: PRO-COLLAGEN, INC.

Current Principal Place of Business:

5733 NORTH ANDREWS WAY
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

5733 NORTH ANDREWS WAY
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 65-0699873 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIGRO, THOMAS
4556 N OCEAN DR. #4
LAUDERDALE BY THE SEA, FL 33308 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: PDST () Delete
Name: NIGRO, THOMAS
Address: 2721 E ORCHARD CIR
City-St-Zip: DAVIE, FL 33328

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GALLAGHER, KATHY S
Address: 2221 NE 44TH STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

Title: VP () Change (X) Addition
Name: NIGRO, THOMAS
Address: 4556 N. OCEAN DRIVE
City-St-Zip: LAUDERDALE-BY-THE-SEA, FL 33308 US

Title: VP () Change (X) Addition
Name: NIGRO, LORETTA
Address: 4556 N. OCEAN DRIVE
City-St-Zip: LAUDERDALE-BY-THE-SEA, FL 33308 US

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: KATHY S. GALLAGHER

PD

04/06/2004

Electronic Signature of Signing Officer or Director

_____ Date