


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000081766 1. Entity Name PRO-COLLAGEN, INC.	
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Principal Place of Business 5733 NORTH ANDREWS WAY FORT LAUDERDALE, FL 33309 US	Mailing Address 5733 NORTH ANDREWS WAY FORT LAUDERDALE, FL 33309 US
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DO NOT WRITE IN THIS SPACE



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0699873	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NIGRO, THOMAS
 4556 N OCEAN DR. #4
 LAUDERDALE BY THE SEA, FL 33308

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GALLAGHER, KATHY S 2221 NE 44TH STREET LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NIGRO, THOMAS 4556 N. OCEAN DRIVE LAUDERDALE-BY-THE-SEA, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NIGRO, LORETTA 4556 N. OCEAN DRIVE LAUDERDALE-BY-THE-SEA, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/08/05-80015-019 150.00

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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 life empowered.

SIGNATURE: Kathy S. Gallagher Date: 4/5/05 Daytime Phone #: 954-771-7953

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR