## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## Mar 05, 2007 8:00 am Secretary of State DOCUMENT # P98000069699 03-05-2007 90067 031 \*\*\*158.75 BIOWORLD BIOTECHNOLOGY, INC. Principal Place of Business Mailing Address **UUU&U044** 10475 RIVERSIDE DRIVE 10475 RIVERSIDE DRIVE STE 8 STE 8 PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 2. Principal Place of Business - No P.O. Box 3. Mailing Address 9590 SANDY Kunka Suite, Apt. #, etc 03022007 CR2E034 (12/06) City & State 4. FEI Number Applied For 65-0855784 Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROOKS, JACKIE L Street Address (P.O. Box Number is Not Acceptable) 10475 RIVERSIDE DRIVE SUITE 8 PALM BEACH GARDENS, FL 33410 9590 SANDY RUN ROAD 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Defete TITLE Change Addition TITLE BROOKS, ROBERT A NAME 9590 SANDY RUNRA/BIDG 2 JUPITER, FL 33478 STREET ADDRESS 10475 RIVERSIDE DRIVE STE 8 STREET ADDRESS City-ST-ZP CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 VSTD Change TITLE Delete TITLE Addition NAME BROOKS, JACKIE L NAME 9590 SAWAY RUNDA BIDG 2 STREET ADORESS 10475 RIVERSIDE DRIVE STE 8 STREET ADDRESS JUPITER, FL 33478 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 CITY-ST-ZP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/2 ☐ Change ☐ Addition TITLE ☐ Defete TITLE STREET ADDRESS STREET ADDRESS CGY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 like empowered.

CITY-ST-ZIP

DITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

Delete

3/2/07 561-624-6277

Change

Addition

FILED