


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90031 001 \*\*\*150.00

<b>DOCUMENT # P99000009133</b> 1. Entity Name <b>BIO-LIPID, INC.</b>			
Principal Place of Business <b>8780 SW 92ND ST</b> <b>203</b> <b>MIAMI, FL 33176</b>		Mailing Address <b>8780 SW 92ND ST</b> <b>203</b> <b>MIAMI, FL 33176</b>	
2. Principal Place of Business <b>7000 SW 97 AVE</b> Suite, Apt. #, etc. <b>SUITE 212</b>		3. Mailing Address <b>7000 SW 97 AVE</b> Suite, Apt. #, etc. <b>SUITE 212</b>	
City & State <b>MIAMI FL 33173</b> Zip <b>33173</b>		City & State <b>MIAMI, FL 33173</b> Zip <b>33173</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0893491</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TSENG, AMY H</b> <b>10000 S.W. 63RD PLACE</b> <b>PINECREST, FL 33156</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>TSD</b>	NAME <b>TSENG, AMY H</b>	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS <b>10000 SW 63 PLACE</b>	CITY-ST-ZIP <b>PINECREST, FL 33156</b>	STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP
TITLE <b>PD</b>	NAME <b>TSENG, SCHEFFER</b>	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS <b>10000 SW 63 PLACE</b>	CITY-ST-ZIP <b>PINECREST, FL 33156</b>	STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP
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 like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>2/23/2004</b> Daytime Phone # <b>(305) 412 4430</b>	

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