

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90013 047 \*\*\*150.00

**DOCUMENT # P99000068674**

1. Entity Name  
**BIO-TECHNOLOGY USA, INC.**



Principal Place of Business  
**6175 NW 167 ST  
G-8  
MIAMI, FL 33015 US**

Mailing Address  
**6175 NW 167 ST  
G-8  
MIAMI, FL 33015 US**

**20023754**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

02262005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0938375**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BUENO, ANTONIO  
6175 NW 167 ST  
#G-8  
MIAMI, FL 33015**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) 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 **D** ☐ Delete  
NAME **BUENO, ANTONIO**  
STREET ADDRESS **6175 NW 167 ST G-8**  
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE **D** ☒ Delete  
NAME **GONZALEZ, ENRIQUE**  
STREET ADDRESS **6175 NW 167 ST**  
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **V/D/M** ☐ Change ☒ Addition  
NAME **ITALO T. LOMBARDI**  
STREET ADDRESS **6175 N.W. 167 ST. #G-B**  
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **x Italo T. Lombardi**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-01-2005**

Date Daytime Phone #