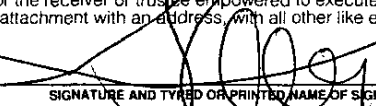


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90047 047 ***158.75

DOCUMENT # V16472					
1. Entity Name INTERSCIENTIFIC CORPORATION					
Principal Place of Business 2700 N. 29TH AVENUE SUITE 220 HOLLYWOOD FL 33020			Mailing Address 2700 N. 29TH AVENUE SUITE 220- HOLLYWOOD FL 33020		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0125881	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZIPPIN, ROBERT S. ESQUIRE MICHELSON AND ZIPPIN P.A. 7101 WEST MCNAB ROAD # 200 TAMARAC FL 33321			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SAMPAIO, CLAUDIO A		NAME		
STREET ADDRESS	2700 N 29TH AVE SUITE #220		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020-1514		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SAMPAIO, MARIA S		NAME		
STREET ADDRESS	2700 N 29TH AVE SUITE #220		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020-1514		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SAMPAIO FILHO, CLAUDIO A		NAME		
STREET ADDRESS	2700 N 29TH AVE SUITE 220		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020-1514		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
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-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			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: 			CLAUDIO A. SAMPAIO Date 04/12/04 Daytime Phone # 954-923-8006		

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MOORE CR2E034 (11/03)