2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED **DOCUMENT # V16472** May 01, 2006 08:00 AN Secretary of State 1. Entity Name INTERSCIENTIFIC CORPORATION Principal Place of Business Mailing Address 2700 N. 29TH AVENUE 2700 N. 29TH AVENUE SUITE 220 SUITE 220 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Same Some Surte, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0125881 Not Applicable Zin Country Zip 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 Name ZIPPIN, ROBERT S. ESQUIRE MICHELSON AND ZIPPIN P.A. Street Address (P.O. Box Number is Not Acceptable) 7101 WEST MCNAB ROAD # 200 TAMARAC FL 33321 City Zio 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 constered agent and blig if applicable (NOTE: Registered Apert signature required when registation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition NAME, SAMPAIO, CLAUDIO A NAME STREET ADDRESS 2700 N 29TH AVE SUITE #220 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020-1514 TITLE ☐ Delete TITLE ☐ Change Addition SAMPAIO, MARIA S NAME NAME U00000553463 STREET ADDRESS STREET ADDRESS 05/15/06-80053-006 158.75 2700 N 29TH AVE SUITE #220 CATY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020-1514 TITLE ☐ Delete BILE ☐ Addition ☐ Change NAME NAME SAMPAIO FILHO, CLAUDIOA A STREET ADDRESS STREET ADDRESS 2700 N 29TH AVE SUITE 220 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020-1514 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-7IP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

Thereby eventy that the information supplied with this litting does not quality for the exemptions contained in Section 119, Florida Statutes. Further certify that the information indicated on this report or supplemental report is true and accurage 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:

CLOUDIO SAMPALE

04/28/06

954.923-8006

Daylime Phone #