2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT May 09, 2005 08:00 AM Secretary of State DOCUMENT # V32820 1. Entity Name BIO-GENESIS INTERNATIONAL, INC. Principal Place of Business Mailing Address 9610 NW 52 PLACE 9610 NW 52 PLACE CORAL SPRINGS, FL 33076 CORAL SPRINGS, FL 33076 CR2E034 (10/03) 05052005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0330550 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MINIET, JAY J DO NOT WRITE 9610 NW 52 PLACE CORAL SPRINGS, FL 33076 IN THIS SPACE 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 trile if applicable (NOTE: Registered Agent signature required when reinstaling) DATE **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. RRE NAME MINIET, JAY J STREET ADDRESS 9610 NW 52 PLACE CORAL SPRINGS, FL 33076 DITY-ST-ZIP - HOOMO364831 TITLE 05/09/05-80011-018 150.00 NAME JIMENEZ, GLORIA 7840 NW 50TH ST #303 STREET ADDRESS LAUDERHILL, FL 33351 CITY-ST ZIP TITLE MINIET, DENISE M MAME 9610 NW 52 PLACE STREET ADDRESS DO NOT WRITE CITY ST-ZIP CORAL SPRINGS, FL 33076 IN THIS SPACE TITLE NAME STREET ADDRESS CITY ST ZIP TITLE 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

-1- JAY J. MINIET PD May 5,

May 5,2005 954-753-9200

FILED

Daytime Phone #