

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90414 019 \*\*\*150.00

**DOCUMENT # V53324**

1. Entity Name  
**BIOFAB, INC.**



Principal Place of Business  
**PLACIDO MAR CONDOMINIUM, NO 1501  
5200 N DIXIE HIGHWAY  
WEST PALM BEACH, FL 33407**

Mailing Address  
**PLACIDO MAR CONDOMINIUM, NO 1501  
5200 N DIXIE HIGHWAY  
WEST PALM BEACH, FL 33407**

**94080199**



04022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0358480**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SANDALL, EDWARD W  
PLACIDO MAR CONDOMINIUM, NO 1501  
5200 N DIXIE HIGHWAY #1501  
WEST PALM BEACH, FL 33407**

**DO NOT WRITE  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	PONG, HENRY
STREET ADDRESS	1445 CINDY DRIVE
CITY - ST - ZIP	LAKE WORTH, FL 33461
TITLE	V
NAME	SANDALL, EDWARD W
STREET ADDRESS	5200 N DIXIE HWY #1501
CITY - ST - ZIP	W PALM BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/04** **561-588-7754**  
Date Daytime Phone #