## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## **Secrétary of State** 07-02-2007 90036 032 \*\*\*550.00 **DOCUMENT # V53324** 1. Entity Name BIOFAB, INC. Principal Place of Business Mailing Address 40122369 PLACIDO MAR CONDOMINIUM, NO 1501 PLACIDO MAR CONDOMINIUM, NO 1501 5200 N DIXIE HIGHWAY 5200 N DIXIE HIGHWAY WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 65-0358480 Not Applicable Country Zip Country Zip \$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 SANDALL, EDWARD W Street Address (P.O. Box Number is Not Acceptable) PLACIDO MAR CONDOMINIUM, NO 1501 5200 N DIXIE HIGHWAY #1501 WEST PALM BEACH, FL 33407 City 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 reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE NAME PONG, HENRY NAME 1445 CINDY DRIVE STREET ADDRESS STREET ADDRESS LAKE WORTH, FL 33461 CITY - ST - ZIP CITY - ST - ZIP TITLE ☐ Delete SANDALL, EDWARD W NAME NAME 5200 N DIXIE HWY #1501 STREET ADDRESS STREET ADDRESS W PALM BCH, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. If the all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** Jul 02, 2007 8:00 am