

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90030 009 ***150.00

DOCUMENT # V53324

1. Entity Name
BIOFAB, INC.



Principal Place of Business Mailing Address
PLACIDO MAR CONDOMINIUM, NO 1501 PLACIDO MAR CONDOMINIUM, NO 1501
5200 N DIXIE HIGHWAY N. Flagler Drive 5200 N DIXIE HIGHWAY N. Flagler Dr.
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.

City & State

City & State

Zip

Country

Zip

Country

01162008

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME PONG, HENRY
STREET ADDRESS 7543 COLONY PALM DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME SANDALL, EDWARD W
STREET ADDRESS 5200 N DIXIE HWY #1501
CITY-ST-ZIP W PALM BCH, FL

TITLE ☒ Change ☐ Addition
NAME Edward Sandall
STREET ADDRESS 5200 N. Flagler Dr. Apt. 1501
CITY-ST-ZIP W.P.B., FL 33407

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Sandall - Edward Sandall*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-08
Date

561-842-7943
Daytime Phone #