2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V62285

Entity Name: BREATHE FASY THERAPEUTICS INC.

FILED Jan 11, 2002 8:00 AM Secretary of State

	D. (•		
Current Principal Place of Business:			New Principal Place of Business:		
4390 SW 7 MIAMI, FL					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
4390 SW 7 MIAMI, FL					
FEI Number:	: 65-0360348	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
LOZANO, 9320 SW 1 MIAMI, FL	100 AVE RD				
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
		o satisfy its Intangible Tax filing red g Trust Fund Contribution ().	uirement and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DVPS (LOZANO, ALC 9320 SW 100 MIAMI, FL	•	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DPT (LOZANO, DAN 9320 SW 100 MIAMI, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL LOZANO DPT 01/11/2002