2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Mar 12, 2005 08:00 AM Secretary of State

| DOCUMENT # F98119 1. Entity Name AMERICHEM PHARMACEUTICAL CORP. | | | | | Secretary of State |
|--|--|---|-------------------------------|-------------------------------------|--|
| Principal Place 2862 N.W. 7 MIAMI, FL 3 | | Mailing Address 2862 NW 79TH AVE MIAMI, FL 33122 US | • | | |
| DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent | | | | 01282005 4. FEI Number 59-222 | No Chg-P |
| LLORET, I 1820 S.W. MIAMI, FL | ILIANA . 99TH CT. — | gieleted Agent | 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE | | | | | |
| FIL After Ma | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 OFFICERS AND DI | T . | | .00 May Be ed to Fees | H00000260375 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST LLORET, ILIĀNA 1820 S.W. 99TH CT. MIAMI, FL | | · | · | 000000260375 03/12/ 0 5-80022-017 150. 00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | · |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 7 7 | | | | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | - de A | , · | IN 7 | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <u> </u> | | | |
| 12. I hereby certify that the information supplied with this filling 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. | | | | | |

PRESIDENT

3/10/05

Date

(305) 591-0100

Daytime Phone #