FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90213 033 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076182

1. Entity Name
VICAR PHARMACEUTICALS, INC.

11034067

Principal Place of Business	Mailing Address
361 LAKEVIEW DRIVE CORAL SPRINGS, FL 33071	361 LAKEVIEW DRIVE CORAL SPRINGS, FL 33071

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4440 NW 73 AVE	4440 NW 73 AVE
Suite, Apt. #, etc. COL 2111	Suite, Apt. #, etc. COL 2111
City & State miami, FL	City & State miami, FL
Zip 33166 Country U.S.A.	Zip 33166 Country U.S.A

4. FEI Number 65-1050100 ☐ 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
FRANKY, CARLOS 301 LAKEVIEW DR CORAL SPRINGS, FL 33071	Name CARLOS CASTRO COL2111 Street Address (P.O. Box Number is Not Acceptable) 4440 NW 73 AVE COL 2111 City miami, FL Zip Code 33166

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] April 29/2003
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CASTRO, CARLOS G 361 LAKEVIEW DRIVE CORAL SPRINGS, FL 33071	☐ Delete	PD CASTRO, CARLOS G 4440 NW 73 AVE miami, FL, 33166	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CASTRO, MARIA E 361 LAKEVIEW DRIVE CORAL SPRINGS, FL 33071	☐ Delete	SD CASTRO, MARIA E 4440 NW, 73 AVE miami, FL, 33166	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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] April 29/2003 305-9400898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)