2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P0000093238 1. Entity Name VERTICAL SOURCE PHARMA INC.					Secretary of State			
Principal Plac 10482 NW 3 MIAMI, FL 3	1ST TERRACE	Mailing Address 10482 NW 31ST TERRACE MIAMI, FL 33172						
DO NOT WRITE IN THIS SPACE				07062004 No Chg-P CR2E034 (10/03) 4. FEI Number				
INTL REGISTERED AGENTS CORPORATION 338 MINORCA AVENUE CORAL GABLES, FL 33134			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								
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finan Trust Fund Contribution.				5.00 May Be	In accordance w corporation did n	ith s. 607.193(2 tot receive the p	l)(b), F.S., the prior notice.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D LIMA, CORI 8900 SW 107 AVENUE #317 MIAMI, FL 33176	RECTORS			U0000 07/0 8/ 04	0164372 -80006-00	7 150.08	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		·			NOT W THIS SP			
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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 cath; 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.								