

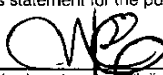


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90054 031 \*\*\*\*50.00

<b>DOCUMENT # L03000052359</b> 1. Entity Name <b>GLOBAL PHARMA, LLC</b>					
Principal Place of Business <b>1330 WEST AVENUE APT. 1505 MIAMI BEACH, FL 33139</b>			Mailing Address <b>1330 WEST AVENUE APT. 1505 MIAMI BEACH, FL 33139</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>2000 N. Bayshore Dr 1604</b>			
City & State		City & State <b>Miami FL</b>			
Zip		Zip <b>33137</b>			
Country		Country <b>USA</b>			
4. FEI Number <b>NOT APPLICABLE</b>				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PADILLA, NATHALIE L 1330 WEST AVENUE APT. 1505 MIAMI BEACH, FL 33139</b>			7. Name and Address of New Registered Agent Name <b>Nathalie Padilla</b> Street Address (P.O. Box Number is Not Acceptable) <b>2000 N Bayshore Dr #1604</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33137</b>		
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  DATE <b>3/8/05</b> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ALVARADO FAR, KARIM G P.O BOX 025724 MIAMI, FL 33102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FAR RIVERA, SAMI E (G0230) 9619 N.W. 68 ST. MIAMI, FL 33166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FAR RIVERA, SAMI E (G0230) 9619 N.W. 68 ST. MIAMI, FL 33166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FAR RIVERA, SAMI E (G0230) 9619 N.W. 68 ST. MIAMI, FL 33166	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FAR RIVERA, SAMI E (G0230) 9619 N.W. 68 ST. MIAMI, FL 33166	<input type="checkbox"/> Delete			

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/8/05 3053331403**