

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M83184

Entity Name: ALLY PHARMA US, INC.

Current Principal Place of Business:

10107 CLEGHORN DR.
SAN ANTONIO, FL 33576

Current Mailing Address:

10107 CLEGHORN DR
SAN ANTONIO, FL 33576

FEI Number: 59-3723328

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAW, DAVID
10107 CLEGHORN DR
SAN ANTONIO, FL 33576 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name MCCRIMMON, FRANCES
Address 10107 CLEGHORN DR
City-State-Zip: SAN ANTONIO FL 33576

Title VD
Name NAJJAR, JACK
Address P.O. BOX 690211
City-State-Zip: ORLADO FL 32869

Title TD
Name MCCRIMMON, THOMAS
Address 10107 CLEGHORN DR
City-State-Zip: SAN ANTONIO FL 33576

I hereby 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 all other like empowered.

SIGNATURE: FRANCES MCCRIMMON

P/D

04/16/2013

Electronic Signature of Signing Officer/Director Detail

Date