

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000007418

**Entity Name:** SIMFA ROSE PHARMACEUTICAL SPECIALTY, INC.

**Current Principal Place of Business:**

10016 PINES BLVD  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

10016 PINES BLVD  
PEMBROKE PINES, FL 33024

**FEI Number:** 20-4227091

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPERDUTO, GUY  
8963 STIRLING ROAD  
SUITE 101  
COOPER CITY, FL 33328 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 PSD  
Name BONANNO, SUZETTE  
Address 4151 SW 135TH AVE.  
City-State-Zip: DAVIE FL 33330

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:** SUZETTE BONANNO

**PRESIDENT**

**02/13/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date