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: ILDIKO SIPOS

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P12000026760

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: PALM BEACH PHARMA, CORP.

Current Principal Place of Business:

235 PERUVIAN AVENUE 3 PALM BEACH, FL 33480

Current Mailing Address:

PO BOX 2134 PALM BEACH, FL 33480

FEI Number: 32-0373508

Name and Address of Current Registered Agent:

SIPOS, ILDIKO 235 PERUVIAN AVENUE 3 PALM BEACH, FL 33480 US

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	PCEO	Title	S
Name	SIPOS, ILDIKO	Name	SIPOS, ILDIKO
Address	PO BOX 2134	Address	PO BOX 2134
City-State-Zip:	PALM BEACH FL 33480	City-State-Zip:	PALM BEACH FL 33480

FILED		
Jan 09, 2018		
Secretary of State		
CC4883479952		

01/09/2018

Date

P/CEO