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.

PRESIDENT

SIGNATURE: JANI SHAIK

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business:

Entity Name: INTERCONTINENTAL PHARMA INC

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

7480 BRYAN DAIRY RD SUITE 550 LARGO, FL 33777

Current Mailing Address:

DOCUMENT# P12000077323

P.O.BOX 10216 LARGO, FL 33773 US

FEI Number: 46-0955447

Name and Address of Current Registered Agent:

KADOURA, BRUCE 7480 BRYAN DAIRY RD SUITE 550 LARGO, FL 33777 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

Officer/Director Detail :

Title	VP	Title	PRESIDENT
Name	KADOURA, BRUCE	Name	SHAIK, JANI B
Address	P.O.BOX 10216	Address	7480 BRYAN DAIRY RD SUITE 550
City-State-Zip:	LARGO FL 33773	City-State-Zip:	LARGO FL 33777

Certificate of Status Desired: No

04/23/2018

Date