

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000005268

Entity Name: SPACEPHARMA, INC.

Current Principal Place of Business:

505 ODYSSEY WAY
SUITE 300 LAB 131
EXPLORATION PARK, FL 32953

Current Mailing Address:

505 ODYSSEY WAY
SUITE 300 LAB 131
EXPLORATION PARK, FL 32953 US

FEI Number: 81-2712026

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSS, ADAM
C/O SMITH, GAMBRELL & RUSSELL, LLP
50 N LAURA STREET, SUITE 2600
JACKSONVILLE, FL 32202 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 CHAIRMAN/PRESIDENT
Name AEBI, MARTIN
Address 505 ODYSSEY WAY
SUITE 300 LAB 131
City-State-Zip: EXPLORATION PARK FL 32953

Title V-CHAIRMAN/VP/CEO
Name YAMIN, YOSSEI
Address 505 ODYSSEY WAY
SUITE 300 LAB 131
City-State-Zip: EXPLORATION PARK FL 32953

Title SECRETARY/VP
Name BRAUN, ORI
Address 505 ODYSSEY WAY
SUITE 300 LAB 131
City-State-Zip: EXPLORATION PARK FL 32953

Title TREASURER
Name MAIMON, ASHER
Address 505 ODYSSEY WAY
SUITE 300 LAB 131
City-State-Zip: EXPLORATION PARK FL 32953

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: ORI BRAUN

VP PRESIDENT

04/03/2019

Electronic Signature of Signing Officer/Director Detail

Date