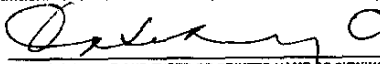


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91031 010 ***158.75

DOCUMENT # 523114 1. Entity Name MEDIPHARMA, INC.					
Principal Place of Business 2001 SW 27TH AVENUE MIAMI, FL 33145-2540			Mailing Address C/O IVAN A. GOMEZ, P.A. 601 BRICKELL KEY DRIVE, STE. 507 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-1712735	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
IAG CORPORATE SERVICES, INC. 601 BRICKELL KEY DR., STE. 507 MIAMI, FL 33131			Name Street Address (P.O. Box Number is Not Acceptable) City, State, Zip Code FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SIBLESZ, GEORGE 2001 SW 27TH AVENUE MIAMI, FL 331452540 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIBLESZ, CARLOS M. 2001 SW 27TH AVENUE MIAMI, FL 331452540 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIBLESZ, MAGALI A. 2001 SW 27TH AVENUE MIAMI, FL 331452540 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIBLESZ, ANA M 6053 SEACREST VIEW RD, SAN DIEGO, CA 92121 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIBLESZ, ANA M. ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SIBLESZ, MARILYN E 2001 S.W. 27 AVENUE MIAMI, FL 331452540 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Carlos M. SIBLESZ 4/23/04 3058587332		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

Carlos M. Siblesz, President

(305)371-9213