

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000392

Entity Name: TECHNOPHARMA LIMITED, INC.

FILED
Mar 30, 2005
Secretary of State

Current Principal Place of Business:

3109 GRAND AVENUE, SUITE 491
MIAMI, FL 33133

Current Mailing Address:

3109 GRAND AVENUE, SUITE 491
MIAMI, FL 33133

New Principal Place of Business:

2600 DOUGLAS ROAD
SUITE 600
CORAL GABLES, FL 33134

New Mailing Address:

2600 DOUGLAS ROAD
SUITE 600
CORAL GABLES, FL 33134

FEI Number: 98-0409407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID M. ROGERO, P.A.
2600 DOUGLAS RD, SUITE 600
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P () Change (X) Addition
Name: CHIDIAC, LUCIEN M
Address: 209 FRONT STREET
City-St-Zip: PHILIPSBURG, ST. MAARTEN, SM AN

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: /LUCIEN M. CHIDIAC/

D/P

03/30/2005

Electronic Signature of Signing Officer or Director

Date