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# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # F06000006603**

1. Entity Name  
SHA PHARMACEUTICALS, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

37 NOV 14 PM 2: 38

10/16/07 01014 022 52.50



Principal Place of Business: 250 CAHABA VALLEY PKWY, PELHAM, AL 35124

Mailing Address: 250 CAHABA VALLEY PKWY, PELHAM, AL 35124

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

10192007 Chg-P CR2E034 (12/06)

City & State

City & State

Zip Country

Zip Country

4. FEI Number: 20-5092629

Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: TD	<input checked="" type="checkbox"/> Delete
NAME: MARRERO, MARLENE C	
STREET ADDRESS: 13338 SW 128 STREET	
CITY- ST- ZIP: MIAMI, FL 33186	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY- ST- ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY- ST- ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY- ST- ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Marlene caceres Marrero	
STREET ADDRESS: 13351 SW 131 St.	
CITY- ST- ZIP: Miami FL 33186	
TITLE: Vice President/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Maribel Rivera	
STREET ADDRESS: 13351 SW 131 St.	
CITY- ST- ZIP: Miami FL 33186	
TITLE: Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Maribel Rivera	
STREET ADDRESS: 13351 SW 131 St.	
CITY- ST- ZIP: Miami, FL 33186	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY- ST- ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY- ST- ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Marlene Caceres Marrero 11-7-07 305-256-1882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

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LAW OFFICES  
**ROBERTO M. URETA**  
PROFESSIONAL ASSOCIATION

PARK PLACE  
13360 SOUTHWEST 128<sup>TH</sup> STREET  
MIAMI, FLORIDA 33186

TELEPHONE (305) 235-9990  
FACSIMILE (305) 235-9995

November 7, 2007

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: SHA Pharmaceuticals, Inc.**  
**Document No.: F06000006603**  
**My File No.: 3038-0000**

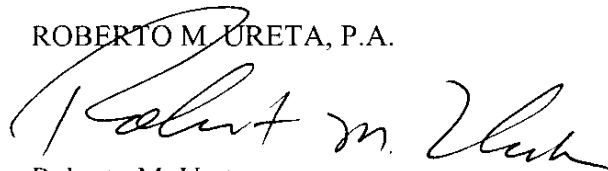
Dear Sir/Madam:

Enclosed please find a 2007 Amended Annual Report for SHA Pharmaceuticals, Inc. Also enclosed is my firm's check made payable to Florida Department of State in the amount of \$17.50 representing payment of the difference due in connection with the filing fee for the Amended AR. For your ease of reference, I am also enclosing a copy of your letter number 107A00061731. Please forward all correspondence concerning this matter to my office at the above-listed address.

Should you have any questions or need additional information with regards to the foregoing, please do not hesitate to contact me directly.

Sincerely,

ROBERTO M. URETA, P.A.



Roberto M. Ureta  
For the Firm

RMU/impl  
Enclosures

cc: SHA Pharmaceuticals, Inc.