

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006603

FILED
Apr 28, 2008
Secretary of State

Entity Name: SHA PHARMACEUTICALS, INC.

Current Principal Place of Business:

250 CAHABA VALLEY PKWY
PELHAM, AL 35124

New Principal Place of Business:

Current Mailing Address:

250 CAHABA VALLEY PKWY
PELHAM, AL 35124

New Mailing Address:

FEI Number: 20-5092629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PD () Delete
Name: MARRERO, MARLENE C
Address: 13338 SW 131 STREET
City-St-Zip: MIAMI, FL 33186

Title: VS () Delete
Name: RIVERA, MARIBEL
Address: 13351 SW 131 STREET
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: RIVERA, MARIBEL
Address: 13351 SW 131 STREET
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARRERO, MARLENE C
Address: 9765 NW 27TH STREET
City-St-Zip: MIAMI, FL 33172

Title: VS (X) Change () Addition
Name: RIVERA, MARIBEL
Address: 6110 SW 33RD STREET
City-St-Zip: MIAMI, FL 33155

Title: D (X) Change () Addition
Name: RIVERA, MARIBEL
Address: 6110 SW 33RD STREET
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARLENE CACERES MARRERO

PRES

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date