## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000006603

City-St-Zip:

MIAMI, FL 33155

Entity Name: SHA PHARMACEUTICALS, INC

FILED May 01, 2009 Secretary of State

Littly Na	IIIC. SHAFII	ARIVIACEO FICALO, INC.		
Current Principal Place of Business:			New Principal Place of Business:	
250 CAHA PELHAM,	BA VALLEY P AL 35124	KWY		
Current Mailing Address:			New Mailing Address:	
250 CAHA PELHAM,	BA VALLEY P AL 35124	KWY		
FEI Number: 20-5092629 FEI Number Applied For ( )		FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
1201 HAY	ATION SERVI S STREET SSEE, FL 323	CE COMPANY 012525 US		
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,
SIGNATUI	RE:			
Electronic Signature of Registered Agent			ent	Date
		93(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	ot receive the prior notice.	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD ( MARRERO, M 9765 NW 27TH MIAMI, FL 331	STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	VS ( RIVERA, MARI 6110 SW 33RI MIAMI, FL 331	O STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address:	D ( RIVERA, MARI 6110 SW 33RI		Title: Name: Address:	( ) Change ( ) Addition

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.

City-St-Zip:

SIGNATURE: MARLENE CACERES MARRERO PD 05/01/2009