

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007287

Entity Name: SOLAPHARM, INC.

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

1000 SOUTH PINE ISLAND RD.
SUITE 230
PLANTATION, FL 33324

Current Mailing Address:

1000 SOUTH PINE ISLAND RD.
SUITE 230
PLANTATION, FL 33324

New Principal Place of Business:

9400 S. DADELAND BLVD.
SUITE 600
MIAMI, FL 33156

New Mailing Address:

9400 S. DADELAND BLVD.
SUITE 600
MIAMI, FL 33156

FEI Number: 20-4659790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDFARB, ROB I
1000 SOUTH PINE ISLAND RD.
SUITE 230
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

SOLOMON, LAWRENCE H
9400 S. DADELAND BLVD.
SUITE 600
MIAMI, FL 33156 US

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: LAWRENCE H. SOLOMON

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: HAHN, ELLIOT F PH.D.
Address: 1000 SOUTH PINE ISLAND RD., SUITE 230
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: SOLOMON, LAWRENCE
Address: 1000 SOUTH PINE ISLAND RD., SUITE 230
City-St-Zip: PLANTATION, FL 33324

Title: DEVP () Delete
Name: GOLDFARB, ROB I
Address: 1000 SOUTH PINE ISLAND RD., SUITE 230
City-St-Zip: PLANTATION, FL 33324

Title: COOV (X) Delete
Name: GREEN, GEOFF
Address: 1000 SOUTH PINE ISLAND RD., SUITE 230
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LESTER, PAUL A J.D.
Address: 9400 S. DADELAND BLVD., SUITE 600
City-St-Zip: MIAMI, FL 33156

Title: DCEO (X) Change () Addition
Name: SOLOMON, LAWRENCE H
Address: 9400
City-St-Zip: PLANTATION, FL 33324

Title: D (X) Change () Addition
Name: BERGER, RICHARD
Address: 5225 FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL 33109

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LAWRENCE H. SOLOMON

DCEO

04/24/2009

Electronic Signature of Signing Officer or Director

Date