

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90002 048 ***150.00

DOCUMENT # K86834

1. Entity Name
ADGE PHARMACEUTICALS, INC



Principal Place of Business

14390 SW 199TH AVE
MIAMI, FL 33196

Mailing Address

P O BOX 421
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

03222003 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0123387

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PENA, ELEONOR
14390 SW 199TH AVE
MIAMI, FL 33196

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME PENA, ALICE
STREET ADDRESS 14390 SW 199TH AVE
CITY-ST-ZIP MIAMI, FL 33196

TITLE S
NAME PENA, ELEONOR
STREET ADDRESS 14390 SW 199TH AVE
CITY-ST-ZIP MIAMI, FL 33196

TITLE VP
NAME PENA, DONATO
STREET ADDRESS SAUTO DOMINGO
CITY-ST-ZIP DOMINICAN REP.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Al Pena, Pres.

7/1/04 305-232-4042