


2005 FOR PROFIT CORPORATION REINSTATEMENT

1/2

DOCUMENT # K86834		
1. Entity Name ADGE PHARMACEUTICALS, INC		

FILED

05 DEC -2 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 14390 SW 199TH AVE MIAMI, FL 33196	Mailing Address P O BOX 421 CORAL GABLES, FL 33134
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



11102005 REIN-P CR2E098 (6/04)

4. FEI Number 65-0123387		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PENA, ELEONOR 14390 SW 199TH AVE MIAMI, FL 33196		Name <u>Gladys Sherman</u> Street Address (P.O. Box Number is Not Acceptable) <u>4303 Magnolia Ridge Dr.</u> City <u>Weston</u> FL Zip Code <u>33331</u>	

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 Gladys Sherman (NOTE: Registered Agent signature required when reinstating) DATE _____

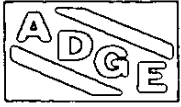
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENA, ALICE 14390 SW 199TH AVE MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PENA, ELEONOR 14390 SW 199TH AVE MIAMI, FL 33196 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PENA, DONATO SAUTO DOMINGO DOMINICAN REP. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Alena 11/18/05 305-588-6163

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



Adge Pharmaceuticals, Inc.

2/2

November 25, 2005

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

Attn: Michelle Milligan
Document Specialist Supervisor

Re: Adge Pharmaceuticals Inc.
Number K86834
Letter 005A00067074

Dear Ms. Milligan:

Thank you for your letter of November 10, 2005.

As indicated, I am submitting the corrected document to properly file for the 2005 annual report. I am also enclosing check in the amount of \$150.00 as I had not received prior notice for filing. My contact number during the day is 305-588-6163.

Thank you for your attention in this regard.

Sincerely,

Alice Pena
President