2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # K86834

1. Entity Name
ADGE PHARMACEUTICALS, INC

Principal Place of Business	Mailing Address
14390 SW 199TH AVE MIAMI, FL 33196	P O BOX 421 CORAL GABLES, FL 33134

02072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

SHERMAN, GLADYS
4303 MAGNOLIA RIDGE DR.
WESTON, FL 33331

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000000427818
02/21/06-80023-007 158.75

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	PENA, ALICE
STREET ADDRESS	14390 SW 199TH AVE
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	D
NAME	SHERMAN, GLADYS
STREET ADDRESS	4303 MAGNOLIA RIDGE DR.
CITY-ST-ZIP	WESTON, FL 33331
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	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: A Pena, Pres. 2/6/06 305-232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #