2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000001503

Entity Name: PHARMA-SOL INTERNATIONAL LLC

Apr 30, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

177 OCEAN LANE DRIVE, SUITE 305 177 OCEAN LANE DRIVE KEY BISCAYNE, FL 33149

SUITE 305

KEY BISCAYNE, FL 33149 US

Current Mailing Address: New Mailing Address:

177 OCEAN LANE DRIVE, SUITE 305 177 OCEAN LANE DRIVE

KEY BISCAYNE, FL 33149 SUITE 305

KEY BISCAYNE, FL 33149 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OLIVER J. LANGSTADT, ESQ., P.A. 815 PONCE DE LEON BOULEVARD SECOND FLOOR CORAL GABLES, FL 33134 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

ADDITIONS/CHANGES:

() Delete (X) Change () Addition

CZAHAR, ADRIAN R CZAHAR, ADRIAN R Name: Name: Address: 177 OCEAN LANE DRIVE, SUITE 305 Address: 177 OCEAN LANE DRIVE SUITE 305

City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: MGR (X) Delete Title: () Change () Addition

Name: GUART, EDUARDO J Name: Address: 177 OCEAN LANE DRIVE, SUITE 305 Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ADRIAN RENE CZAHAR 04/30/2003