2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000017682

1. Entity Name
OSMOPHARM USA, LLC

24009244

Principal Place of Business	Mailing Address
1893 SW 3RD STREET	1893 SW 3RD STREET
POMPANO BEACH. FL 33069 US	POMPANO BEACH, FL 33069 US

DO NOT WRITE IN THIS SPACE

01092004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
56-2282205	Not Applicable

5. Certificate of Status Desired ———— ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIN, THEODORE J ESQ.
8 N.E. 168TH STREET
NORTH MIAMI BEACH, FL 33162

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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 _____

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

Filing Fee is $50.00
Due by May 1, 2004

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GILINSKI, SAUL
STREET ADDRESS	1893 SW 3RD STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33069

TITLE	MGR
NAME	GILINSKI, MAX
STREET ADDRESS	1893 SW 3RD STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33069

TITLE	MGR
NAME	GILINSKI, ISAAC
STREET ADDRESS	1893 SW 3RD STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33069

TITLE	MGR
NAME	SCAPINELLI, BRUNO
STREET ADDRESS	1893 SW 3RD STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33069

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. 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 is true and accurate and that my 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: _____   1/19/04   (954)979-6440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #