

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017682

Entity Name: OSMOPHARM USA, LLC

FILED
Jan 17, 2007
Secretary of State

Current Principal Place of Business:

1893 SW 3RD STREET
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

1893 SW 3RD STREET
POMPANO BEACH, FL 33069 US

New Mailing Address:

FEI Number: 56-2282205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KLEIN, THEODORE J ESQ.
8030 PETERS RD
BLDG D, SUITE 104
FORT LAUDERDALE, FL 33324 US

Name and Address of New Registered Agent:

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/MANAGERS:

Title: MGR () Delete
Name: GILINSKI, SAUL
Address: 1893 SW 3RD STREET
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: MGR () Delete
Name: GILINSKI, MAX
Address: 1893 SW 3RD STREET
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: MGR () Delete
Name: GILINSKI, ISAAC
Address: 1893 SW 3RD STREET
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: MGR () Delete
Name: SCAPINELLI, BRUNO
Address: 1893 SW 3RD STREET
City-St-Zip: POMPANO BEACH, FL 33069 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: GILINSKI, ISAAC
Address: 1893 SW 3RD STREET
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MICHAEL J. MCTIERNAN

CFO

01/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date