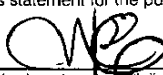


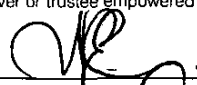
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90054 031 ****50.00

DOCUMENT # L03000052359 1. Entity Name GLOBAL PHARMA, LLC					
Principal Place of Business 1330 WEST AVENUE APT. 1505 MIAMI BEACH, FL 33139			Mailing Address 1330 WEST AVENUE APT. 1505 MIAMI BEACH, FL 33139		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2000 N. Bayshore Dr 1604			
City & State		City & State Miami FL			
Zip		Zip 33137			
Country		Country USA			
4. FEI Number NOT APPLICABLE				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PADILLA, NATHALIE L 1330 WEST AVENUE APT. 1505 MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent Name Nathalie Padilla Street Address (P.O. Box Number is Not Acceptable) 2000 N Bayshore Dr #1604 City Miami FL Zip Code 33137		
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 3/8/05 Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ALVARADO FAR, KARIM G P.O BOX 025724 MIAMI, FL 33102	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FAR RIVERA, SAMI E (G0230) 9619 N.W. 68 ST. MIAMI, FL 33166	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete			

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:  **3/8/05 3053331403**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #