

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103386

FILED
Apr 15, 2009
Secretary of State

Entity Name: BOSCH PHARMACEUTICALS, LLC

Current Principal Place of Business:

5941 SW 79 CT
MIAMI, FL 33143

New Principal Place of Business:

5941 SW 79 CT
MIAMI, FL 331431609 US

Current Mailing Address:

5941 SW 79 CT
MIAMI, FL 33143

New Mailing Address:

5941 SW 79 CT
MIAMI, FL 331431609 US

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

Name and Address of Current Registered Agent:

BSCHETTI, RAFAEL E
5941 SW 79 COURT
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

BOSCHETTI, RAFAEL E MGRM
5941 SW 79 COURT
MIAMI, FL 331431609 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: ALEXANDRA BOSCHETTI

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOSCHETTI, RAFAEL E
Address: 5941 SW 79 CT
City-St-Zip: MIAMI, FL 33143

Title: MGRM () Delete
Name: BOSCHETTI, ALEXANDRA
Address: 5941 SW 79 CT
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOSCHETTI, RAFAEL E
Address: 5941 SW 79 CT
City-St-Zip: MIAMI, FL 331431609 US

Title: MGRM (X) Change () Addition
Name: BOSCHETTI, ALEXANDRA MGRM
Address: 5941 SW 79 CT
City-St-Zip: MIAMI, FL 331431609 US

I hereby certify that the information supplied with this filing does not qualify 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: ALEXANDRA BOSCHETTI

MGRM

04/15/2009

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