2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# L06000048717

Entity Name: ALLAY PHARMACEUTICAL, LLC

Current Principal Place of Business:

16600 NW 54 AVE UNIT #23
MIAMI, FL 33014

New Principal Place of Business:

Current Mailing Address:

1488 NW 157 AVE
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 20-4879555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHOUDHURY, MAROOF H
16600 NW 54 AVE UNIT #23
MIAMI, FL 33014 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: MGRM ( ) Delete
Name: CHOUDHURY, MAROOF H
Address: 16600 NW 54 AVE UNIT #23
City-St-Zip: MIAMI, FL 33014

Title: MGRM (X) Delete
Name: BHUIYAN, RUKSHANA A
Address: 16600 NW 54 AVE UNIT #23
City-St-Zip: MIAMI, FL 33014

ADDITIONS/CHANGES:

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

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

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: MAROOF CHOUDHURY PRES 04/22/2008

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