

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2004 8:00 am**  
**Secretary of State**

01-08-2004 90047 018 \*\*\*150.00

<b>DOCUMENT # P01000036917</b> 1. Entity Name <b>BETA PHARMACEUTICAL CORP.</b>					
Principal Place of Business <b>1820 NORTH CORPORATE LAKES BLVD SUITE 303 WESTON, FL 33326</b>			Mailing Address <b>1820 NORTH CORPORATE LAKES BLVD SUITE 303 WESTON, FL 33326</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01052004    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>65-1094963</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>RESTREPO, DIEGO L ESQ 547 MAJORCA AVE CORAL GABLES, FL 33134</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VALLECILLA, CARLOS A		NAME		
STREET ADDRESS	1820 NORTH CORPORATE LAKES BLVD #303		STREET ADDRESS		
CITY - ST - ZIP	WESTON, FL 33326		CITY - ST - ZIP		
TITLE	DP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOMEZ, JOSE G		NAME		
STREET ADDRESS	1820 NORTH CORPORATE LAKES BLVD #303		STREET ADDRESS		
CITY - ST - ZIP	WESTON, FL 33326		CITY - ST - ZIP		
TITLE	DVP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VELEZ, JULIO A		NAME		
STREET ADDRESS	1820 NORTH CORPORATE LAKES BLVD #303		STREET ADDRESS		
CITY - ST - ZIP	WESTON, FL 33326		CITY - ST - ZIP		
TITLE	S		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BORGES, LOURDES M		NAME		
STREET ADDRESS	1820 NORTH CORPORATE LAKES BLVD #303		STREET ADDRESS		
CITY - ST - ZIP	WESTON, FL 33326		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <i>Diego Restrepo</i>			DIEGO L. RESTREPO 01-06-04 (305) 801-8744		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		