

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000036917

FILED  
Apr 02, 2011  
Secretary of State

Entity Name: BETA PHARMACEUTICAL CORP.

## Current Principal Place of Business:

1820 NORTH CORPORATE LAKES BLVD  
SUITE 303  
WESTON, FL 33326

## New Principal Place of Business:

## Current Mailing Address:

1820 NORTH CORPORATE LAKES BLVD  
SUITE 303  
WESTON, FL 33326

## New Mailing Address:

FEI Number: 65-1094963

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RESTREPO, DIEGO L ESQ  
547 MAJORCA AVE  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

RESTREPO, DIEGO L ESQ  
2600 SOUTH DOUGLAS ROAD  
SUITE 1000  
CORAL GABLES, FL 33134 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:

04/02/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DT  
Name: VALLECILLA, CARLOS A  
Address: 1820 NORTH CORPORATE LAKES BLVD #303  
City-St-Zip: WESTON, FL 33326

Title: DP  
Name: GOMEZ, JOSE G  
Address: 1820 NORTH CORPORATE LAKES BLVD #303  
City-St-Zip: WESTON, FL 33326

Title: DVP  
Name: VELEZ, JULIO A  
Address: 1820 NORTH CORPORATE LAKES BLVD #303  
City-St-Zip: WESTON, FL 33326

Title: S  
Name: BORGES, LOURDES M  
Address: 1820 NORTH CORPORATE LAKES BLVD #303  
City-St-Zip: WESTON, FL 33326

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LOURDES M BORGES

S

04/02/2011

Electronic Signature of Signing Officer or Director

Date