

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000036917

FILED
Feb 14, 2012
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 (X)**

Name and Address of Current Registered Agent:

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

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

02/14/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date