

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058916

FILED
Mar 03, 2009
Secretary of State

Entity Name: CAPSPHARM, INC.

Current Principal Place of Business:

1893 SW 3RD STREET
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

1893 SW 3RD STREET
POMPANO BEACH, FL 33069 US

New Mailing Address:

FEI Number: 80-0042054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEIN, THEODORE J ESQ.
8030 PETERS ROAD
BLDG D., SUITE 104
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GILINSKI, SAUL
Address: 1893 SW 3RD STREET
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D () Change (X) Addition
Name: EILEMBERG, NATALIE
Address: 1893 SW 3RD STREET
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: D () Change (X) Addition
Name: GILINSKI, FLORETTE
Address: 1893 SW 3RD STREET
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: D () Change (X) Addition
Name: GILINSKI, JONATHAN
Address: 1893 SW 3RD STREET
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: D () Change (X) Addition
Name: GILINSKI, ISAAC
Address: 1893 SW 3RD STREET
City-St-Zip: POMPANO BEACH, FL 33069 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 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 an address, with all other like empowered.

SIGNATURE: SAUL GILINSKI

P

03/03/2009

Electronic Signature of Signing Officer or Director

Date