

2005 FOR PROFIT CORPORATION ANNUAL REPORT

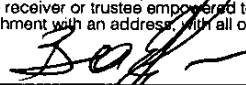
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Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90016 046 ***150.00

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01052005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000100006					
1. Entity Name GEMINI PHARMACEUTICALS INC.					
Principal Place of Business 520 BRICKELL KEY DRIVE, 0-305 MIAMI, FL 33131			Mailing Address 520 BRICKELL KEY DRIVE, 0-305 MIAMI, FL 33131		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1145589	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMIN LLC 520 BRICKELL KEY DRIVE # 0-305 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLAO, JOHN 520 BRICKELL KEY DRIVE #0-305 MIAMI, FL 33131 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. YUZIK BASKIN 520 Brickell Key Dr., Suite 0-305 Miami, FL 33131 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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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: 		YUZIK BASKIN		03/18/2005 (305)3743800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	