

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000100006

FILED
Jun 12, 2008
Secretary of State**Entity Name:** GEMINI PHARMACEUTICALS INC.**Current Principal Place of Business:**520 BRICKELL KEY DRIVE
SUITE O-305
MIAMI, FL 33131 US**New Principal Place of Business:**320 85TH STREET
14
MIAMI BEACH, FL 33141 US**Current Mailing Address:**520 BRICKELL KEY DRIVE
SUITE O-305
MIAMI, FL 33131 US**New Mailing Address:**320 85TH STREET
14
MIAMI BEACH, FL 33141 US**FEI Number:** 65-1145589**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DYNAMAX INTERNATIONAL SERVICES, INC.
520 BRICKELL KEY DRIVE
SUITE O-305
MIAMI, FL 33131 US**Name and Address of New Registered Agent:**HLAVACEK, ALEX
320 85TH STREET
14
MIAMI BEACH, FL 33141 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: ALEX HLAVACEK

06/12/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GARCIA, JAIME
Address: 520 BRICKELL KEY DRIVE #0-305
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GARCIA, JAIME
Address: VIA ESPANA 122, DELTA TOWER, 8TH FLOOR
City-St-Zip: PANAMA, NA PANAMA

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: ALEX HLAVACEK

RA

06/12/2008

Electronic Signature of Signing Officer or Director

Date