2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000044180

1. Entity Name
NOLTERPHARMA CORP.

Principal Place of Business	Mailing Address
1200 NW 17TH AVE. SUITE 17 DELRAY BEACH, FL 33445	1200 NW 17TH AVE. SUITE 17 DELRAY BEACH, FL 33445

DO NOT WRITE IN THIS SPACE

03262007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
98-0394173	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, ROBERT W PA
1395 BRICKELL AVENUE
SUITE 650
MIAMI, FL 33131

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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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing ____ **$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RODRIGUEZ, JULIO
STREET ADDRESS	151 CRANDON BLVD #445
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	D
NAME	RODRIGUEZ, GASTON
STREET ADDRESS	151 CRANDON BLVD #445
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	D
NAME	RODRIGUEZ, PATRICIO M
STREET ADDRESS	151 CRANDON BLVD #445
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/07-80014-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _Patricio M. Rodriguez_ 03/30/07 (561) 330-7377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #