

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90020 004 ***158.75

DOCUMENT # P02000044180

1. Entity Name
NOLTERPHARMA CORP.



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

Mailing Address
**1200 NW 17TH AVE. SUITE 17
DELRAY BEACH, FL 33445**

2. Principal Place of Business - No P.O. Box #
12230 FOREST HILL BLVD

3. Mailing Address
12230 FOREST HILL BLVD

Suite, Apt. #, etc.
SUITE #118

Suite, Apt. #, etc.
SUITE #118

01292008

Chg-P

CR2E034 (12/06)

City & State
WELLINGTON, FL

City & State
WELLINGTON, FL

4. FEI Number
98-0394173

Applied For
Not Applicable

Zip
33414-5799

Country
PALM BEACH

Zip
33414-5799

Country
PALM BEACH

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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, 2008 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 **D** ☐ Delete
NAME **RODRIGUEZ, JULIO**
STREET ADDRESS **151 CRANDON BLVD #445**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **RODRIGUEZ, GASTON**
STREET ADDRESS **151 CRANDON BLVD #445**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIO RODRIGUEZ

02/13/08

Date

(54) 1163477300

Daytime Phone #