

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000075987

FILED
May 17, 2006
Secretary of State

Entity Name: SOUTHERN PHARMACEUTICALS, INC.

Current Principal Place of Business:

2190 NW 89TH PL
MIAMI, FL 33178

New Principal Place of Business:

3553 NW 50TH ST
MIAMI, FL 33142

Current Mailing Address:

2190 NW 89TH PL
MIAMI, FL 33178

New Mailing Address:

3553 NW 50TH ST
MIAMI, FL 33142

FEI Number: 32-0019338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, HAROLD PRES
2190 NW 89TH PL
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

MILLER, HAROLD PRES
3553 NW 50TH ST
MIAMI, FL 33142 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: HAROLD MILLER

05/17/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLER, HAROLD
Address: 2190 NW 89TH PL
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MILLER, HAROLD
Address: 3553 NW 50TH ST
City-St-Zip: MIAMI, FL 33142

I hereby certify that the information supplied with this filing does not qualify for the 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: HAROLD MILLER

PRES

05/17/2006

Electronic Signature of Signing Officer or Director

Date