

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000150084

Entity Name: DASA THERAPEUTICS INC.

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1145 NW 132ND AVE  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

1145 NW 132ND AVE  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

FEI Number: 20-0503808

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BADA-LOPEZ, SILVIA  
1145 NW 132ND AVE  
PEMBROKE PINES, FL 33028 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BADA-LOPEZ, SILVIA  
Address: 1145 NW 132ND AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP  
Name: LOPEZ, ANTONIO J  
Address: 1145 NW 132ND AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby 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 all other like empowered.

SIGNATURE: ANTONIO J LOPEZ

VP

01/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date