

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90404 015 ***150.00

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DOCUMENT # P04000072785 1. Entity Name QUALIPHARMA SA, INC.			
Principal Place of Business 6477 SW 25TH STREET MIAMI, FL 33155		Mailing Address 6477 SW 25TH STREET MIAMI, FL 33155	
2. Principal Place of Business 5845 COLLINS AVE.		3. Mailing Address 5845 COLLINS AVE	
Suite, Apt. #, etc. # 203		Suite, Apt. #, etc. # 203	
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL	
Zip 33140		Zip 33140	
Country USA		Country USA	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARLOS, IBARRA 6477 SW 25TH STREET MIAMI, FL 33155		7. Name and Address of New Registered Agent Name CARLOS IBARRA Street Address (P.O. Box Number is Not Acceptable) 5845 COLLINS AVE., #203 City MIAMI BEACH FL Zip Code 33140	
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 <u><i>Carlos E. Ibarra</i></u> APRIL 28, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WANDA, ZAITER CALLE MELVIN JONES, NO. 163 EVARISTO MORALES, STO. DGO., NA DOM. REP.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WANDA, ZAITER CALLE MELVIN JONES, NO. 163 EVARISTO MORALES, STO. DGO., NA DOM. REP.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARLOS, IBARRA 6477 SW 25TH STREET MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WANDA, ZAITER CALLE MELVIN JONES, NO. 163 EVARISTO MORALES, STO. DGO., NA DOM. REP.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Carlos E. Ibarra</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		APRIL 28, 2006 (305) 579-0706 <small>Date Daytime Phone #</small>	