

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000072785

Entity Name: QUALIPHARMA SA, INC.

FILED
Mar 05, 2009
Secretary of State

Current Principal Place of Business:

5845 COLLINS AVE
#203
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

5845 COLLINS AVE
#203
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 20-1141258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLOS, IBARRA
5845 COLLINS AVE
#203
MIAMI BEACH, FL 33140 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WANDA, ZAITER
Address: CALLE MELVIN JONES, NO. 163
City-St-Zip: EVARISTO MORALES, STO. DGO., NA DOM. REP.

Title: V () Delete
Name: WANDA, ZAITER
Address: CALLE MELVIN JONES, NO. 163
City-St-Zip: EVARISTO MORALES, STO. DGO., NA DOM. REP.

Title: S () Delete
Name: CARLOS, IBARRA
Address: 5845 COLLINS AVE # 203
City-St-Zip: MIAMI, FL 33140

Title: T () Delete
Name: WANDA, ZAITER
Address: CALLE MELVIN JONES, NO. 163
City-St-Zip: EVARISTO MORALES, STO. DGO., NA DOM. REP.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CARLOS IBARRA

S

03/05/2009

Electronic Signature of Signing Officer or Director

Date