2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 20, 2006 08:00 AN Secretary of State **DOCUMENT # P04000169151** SALVA PHARMACEUTICALS, INC. Principal Place of Business Mailing Address 8355 NW 54TH STREET 8355 NW 54TH STREET MIAMI, FL 33166 MIAMI, FL 33166 CR2E034 (11/05) 02162006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0533608 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRADFORD, JAMES N JR DO NOT WRITE 2100 WEST 76TH ST, SUITE 211 HIALEAH, FL 33016 IN THIS SPACE 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 regulars when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PTD TITLE LISBOA, FABIO NAME 8355 NW 54TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 --- 400000441347 TITLE 112.033/06-80028-019 (50.00) NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7/2 TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR