

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

6/2

**FILED**  
**Jun 29, 2006 8:00 am**  
**Secretary of State**

06-02-2006 90004 014 \*\*\*150.00

<b>DOCUMENT # P05000150261</b> 1. Entity Name <b>TURBINES PUMPS COMPRESSORS, INC.</b>					
Principal Place of Business <b>1439 OCEAN BOULEVARD SOUTH APARTMENT 304 POMPANO BEACH, FL 33062</b>			Mailing Address <b>1439 OCEAN BOULEVARD SOUTH APARTMENT 304 POMPANO BEACH, FL 33062</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		<div style="text-align: right; font-size: 1.2em; font-weight: bold;">66021076</div> <div style="font-family: monospace; font-size: 0.8em;">           05312006    Chg-P    CR2E034 (11/05)             4. FEI Number  <div style="border: 1px solid black; padding: 2px; display: inline-block;">20-3760809</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">Applied For Not Applicable</div> </div> <div style="font-size: 0.8em;">           5. Certificate of Status Desired    <input type="checkbox"/>    \$8.75 Additional Fee Required         </div>	
6. Name and Address of Current Registered Agent  <b>VENTURA, RALPH ESQ. 80 SW 8TH STREET SUITE 1900 MIAMI, FL 33130</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FEREIRA, LUIS M</b> <b>1439 OCEAN BOULEVARD SOUTH</b> <b>POMPANO BEACH, FL 33062</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>REYES DE FERREIRA, MARIÉLBA I</b> <b>1439 OCEAN BOULEVARD SOUTH</b> <b>POMPANO BEACH, FL 33062</b> <input type="checkbox"/> Delete		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	
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	
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	
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:			<div style="text-align: right;"> <b>x 6-31-06</b>  <small>Date      Daytime Phone #</small> </div>		

ATTACHMENT

66021076

#P05000150261

ACT

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