2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000119813

Entity Name: GENIMVE PHARMA, INC.

FILED Feb 19, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

19370 COLLINS AVE # 927 19370 COLLINS AVE SUNNY ISLES, FL 33160

927

SUNNY ISLES, FL 33160

Current Mailing Address: New Mailing Address:

19370 COLLINS AVE # 927 19370 COLLINS AVE SUNNY ISLES, FL 33160

SUNNY ISLES, FL 33160

FEI Number: 20-5565597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

PEREZ, ROLANDO PEREZ, ROLANDO 19370 COLLINS AVE # 927 19370 COLLINS AVE 926

SUNNY ISLES, FL 33160 US

SUNNY ISLES, FL 33160 US

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: 02/19/2010

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

RODRIGUEZ, REYNALDO Name: 19370 COLLINS AVE # 927 Address: City-St-Zip: SUNNY ISLES, FL 33160

Title:

Name: ESCALONA, EMILIA A 19370 COLLINS AVE # 927 Address: SUNNY ISLES, FL 33160 City-St-Zip:

Title:

ESCALONA, EMILIA A Name: 19370 COLLINS AVE # 927 Address: City-St-Zip: SUNNY ISLES, FL 33160

Title:

PEREZ, MARVIA J Name:

Address: 19370 COLLINS AVE # 927 City-St-Zip: SUNNY ISLES, FL 33160

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: EMILIA ESCALONA V 02/19/2010