

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000010797

FILED
Mar 27, 2009
Secretary of State

Entity Name: GRUPO SM PHARMA CORP.

Current Principal Place of Business:

7270 NW 35 CT.
MIAMI, FL 33122

New Principal Place of Business:

13555 BISCAYNE BLVD
NORTH MIAMI BEACH, FL 33181

Current Mailing Address:

2121 PONCE DE LEON BLVD.
SUITE 330
CORAL GABLES, FL 33134

New Mailing Address:

1430 S. DIXIE HIGHWAY
SUITE 321
CORAL GABLES, FL 33146

FEI Number: 26-1859577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTIZ, MICHAEL
2121 PONCE DE LEON BLVD.
SUITE 330
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ORTIZ, MICHAEL
1430 S. DIXIE HIGHWAY
SUITE 321
CORAL GABLES, FL 33146 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: MICHAEL ORTIZ

03/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P D () Delete
Name: SANTAMARTA, REINALDO J
Address: 7270 NW 35 TERR
City-St-Zip: MIAMI, FL 33122

Title: S T () Delete
Name: ORTIZ, MICHAEL
Address: 2121 PONCE DE LEON BLVD. SUITE 330
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change () Addition
Name: SANTAMARTA, REINALDO J
Address: 13555 BISCAYNE BLVD
City-St-Zip: NORTH MIAMI BEACH, FL 33181

Title: S T (X) Change () Addition
Name: ORTIZ, MICHAEL
Address: 1430 S. DIXIE HIGHWAY, SUITE 321
City-St-Zip: CORAL GABLES, FL 33146

Title: VP () Change (X) Addition
Name: APARICIO, FRANCISCO
Address: 13555 BISCAYNE BLVD
City-St-Zip: NORTH MIAMI BEACH, FL 33181

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: MICHAEL ORTIZ

RA

03/27/2009

Electronic Signature of Signing Officer or Director

Date