2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P08000064192

Entity Name: MULTIPHARMA INC

Current Principal Place of Business:

6880 ABBOTT AVE
501
MIAMI BEACH, FL 33141

New Principal Place of Business:

1602 ALTON RD
SUITE 513
MIAMI BEACH, FL 33139

Current Mailing Address:

PO BOX 402042
MIAMI BEACH, FL 33140

New Mailing Address:

1602 ALTON RD
SUITE 513
MIAMI BEACH, FL 33139

FEI Number: 26-3145445 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARRIBAS, RAFAEL L III
2401 COLLINS AVE
904
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: ARRIBAS, RAFAEL L III
Address: 2401 COLLINS AVE # 904
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: RAFAEL L ARRIBAS III P 04/30/2009

Electronic Signature of Signing Officer or Director — Date