

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000065423

FILED  
Jan 31, 2012  
Secretary of State

Entity Name: CROMA PHARMACEUTICALS, INC.

**Current Principal Place of Business:**

100 NE 3RD AVENUE  
FORT LAUDERDALE, FL 33301 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 NE 3RD AVENUE  
FORT LAUDERDALE, FL 33301 US

**New Mailing Address:**

FEI Number: 58-2685366      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MUTH, DAVID  
611 SW 15TH STREET  
BOCA RATON, FL 33428 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

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: MUTH, DAVID  
Address: 611 SW 15TH STREET  
City-St-Zip: BOCA RATON, FL 33428 US

Title: VCFO  
Name: FARMER, GLEN  
Address: 11826 FOXBRIAR LAKE TRAIL  
City-St-Zip: BOYNTON BEACH, FL 33473 US

Title: D  
Name: PRINZ, GERHARD  
Address: INDUSTRIEZEILE 6  
City-St-Zip: LEOBENDORF, AT 2100 AT

Title: D  
Name: PRINZ, ANDREAS  
Address: INDUSTRIEZEILE 6  
City-St-Zip: LEOBENDORF, AT 2100 AT

Title: D  
Name: PRINZ, MARTIN  
Address: INDUSTRIEZEILE 6  
City-St-Zip: LEOBENDORF, AT 2100 AT

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: GLEN FARMER

CFO

01/31/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date