

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000014529

FILED
Mar 19, 2007
Secretary of State

Entity Name: ARNET PHARMACEUTICAL CORPORATION

Current Principal Place of Business:

2525 DAVIE ROAD
STE. 330
DAVIE, FL 33317

New Principal Place of Business:

Current Mailing Address:

701 BRICKELL AVENUE
SUITE 1400
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-0391750 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW CENTER OF THE AMERICAS, LLC
701 BRICKELL AVENUE
SUITE 1400
MIAMI, FL 33131 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: DC () Delete
Name: TABACINIC, LEO
Address: 2525 DAVIE ROAD, STE 330
City-St-Zip: DAVIE, FL 33317

Title: AS () Delete
Name: HAGEN, STEVEN H
Address: 701 BRICKELL AVENUE, STE 3000
City-St-Zip: MIAMI, FL 33131

Title: DS () Delete
Name: CARIDI, RICARDO
Address: 2525 DAVIE ROAD, STE 330
City-St-Zip: DAVIE, FL 33317

Title: DPT () Delete
Name: TABACINIC, JOSE
Address: 2525 DAVIE ROAD, STE 330
City-St-Zip: DAVIE, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSE TABACINIC

DPT

03/19/2007

Electronic Signature of Signing Officer or Director

_____ Date