

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000014529

FILED  
Feb 12, 2009  
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 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

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02/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date