

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000014529

**FILED**  
**Apr 21, 2011**  
**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:**

201 SOUTH BISCAYNE BOULEVARD  
SUITE 800  
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  
201 SOUTH BISCAYNE BOULEVARD  
SUITE 800  
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

**OFFICERS AND DIRECTORS:**

Title: DC  
Name: TABACINIC, LEO  
Address: 2525 DAVIE ROAD, STE 330  
City-St-Zip: DAVIE, FL 33317

Title: AS  
Name: HAGEN, STEVEN H  
Address: 201 SOUTH BISCAYNE BOULEVARD, STE 800  
City-St-Zip: MIAMI, FL 33131

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

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

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: JOSE TABACINIC

P

04/21/2011

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

\_\_\_\_\_ Date