2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 27, 2008 08:00 Al **DOCUMENT # P96000074931 Secretary of State** MIAMI RESEARCH ASSOCIATES, INC. Principal Place of Business Mailing Address 6141 SUNSET DR. 6141 SUNSET DR. STE. 301 STE, 301 MIAMI, FL 33143 MIAMI, FL 33143 No Cha-P CR2E034 (11/05) 02202008 Applied For 4. FEI Number Not Applicable 65-0701221 \$8.75 Additional 5. Certificate of Status Desired Fee Required hui Orijer No bush da ha fa fall ali albe 6. Name and Address of Current Registered Agent had a finished as the said of the said of SCHWARTZ, HOWARD L DO NOT WRITE 6141 SUNSET DR. IN THIS SPACE STE. 301 MIAMI, FL 33143 医黄斑 化水黄素 医精素性病病 化合物 医二甲基 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS gan de sergi parti de la circa de la como agus segan seban gener egan de a desar de adam de al de La grande de al de a TITLE SCHWARTZ, HOWARD I NAME STREET ADDRESS 6141 SUNSET DR. STE. 301 U00000840585 03/06/08-80053-021 150.00 CITY-ST-ZIP MIAMI, FL 33143 STD TITLE SHELDON, ERIC NAME 6141 SUNSET DR. STE. 301 STREET ADDRESS Dan Landing to the comment of the co MIAMI, FL 33143 CITY-ST-ZIP at a free to a section of the contract of the TITLE and the state of t NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME A separate of the separate of the separate of STREET ADDRESS and the second property of the second of the CITY - ST - ZIP and the first state of the stat and the first and the second of the second o NAME and the state of t STREET ADDRESS CITY-ST-ZIP winder of more only of my the state of the first of the only of TITLE property with the property of the set of the and the second of the second o NAME the wife was in a few with his few is in STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like ampowered.

SIGNATURE:

CITY-ST-7IP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 /25/68

Daytime Phone #