2008 FOR PROFIT CORPORATION

FILED Mar 11, 2008 8:00 am State

Daytime Phone #

Date

ANNUAL REPORT		Secretary of
DOCUMENT # P9700060524 1. Entity Name AERO PHARMACEUTICALS, INC.		03-11-2008 90014 023 *:

1. Entity N **AERO F** 440-Principal Place of Business Mailing Address 3848 FAU BOULEVARD 3848 FAU BOULEVARD SUITE 100 SUITE 100-BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4400 BISCAYNE BLYD 4400, BISCAYNE BLVD. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 03052008 Chg-P City & State City & State 4. FEI Number Applied For Fi MIAMI MIAMI 65-0769029 Not Applicable Country V.J.A \$8.75 Additional 5. Certificate of Status Desired 33137 3.31.37 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEVEN RUBIN CT CORPORATION 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) Suite 1500 PLANTATION FL 33324 4400. BISCAYNE BLUD Zip Code 33137 MIAMI 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. 315/2001 STEVEN D. ZUBIN SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 П Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition PRESIDENT TITLE ☐ Delete TITLE Change Change HSAIO JANE NAME HSIAO, JANE 4400 BICCAYNE BLVD. NAME 4400 BISAYNE BLVD STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP MIAMI, FL 33137 CITY-ST-ZIP MIAMI, FL-33137 ☐ Addition Delete ☐ Change TITLE TITLE UPPALURI, RAO NAME NAME STREET ADDRESS 4400 BISAYNE BLVD STREET ADDRESS CITY-ST-7IP. MIAMI, EL.33137 CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME RUBIN, STEVEN NAME STREET ADDRESS 4400 BISAYNE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33137 ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 empowered. 3/5/08 305-575-6118 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR