

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000056370

Entity Name: ANDA PHARMACEUTICALS, INC.

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

6500 ADELAIDE COURT
GROVEPORT, OH 43125 US

New Principal Place of Business:

Current Mailing Address:

311 BONNIE CIRCLE
ATTN: SECRETARY
CORONA, CA 92880 US

New Mailing Address:

FEI Number: 82-0541812 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 5 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: DP () Delete
Name: BISARO, PAUL M
Address: 360 MT. KEMBLE AVENUE
City-St-Zip: MORRISTOWN, NJ 07960

Title: EVP () Delete
Name: PAONESSA, ALBERT III
Address: 2915 WESTON ROAD
City-St-Zip: FORT LAUDERDALE, FL 33331

Title: S () Delete
Name: BUCHEN, DAVID A
Address: 311 BONNIE CIRCLE
City-St-Zip: CORONA, CA 92880

Title: SVP () Delete
Name: GIORDANO, THOMAS
Address: 13900 NW SECOND STREET
City-St-Zip: SUNRISE, FL 33325

Title: SVP () Delete
Name: SKARA, SUSAN
Address: 311 BONNIE CIRCLE
City-St-Zip: CORONA, CA 92880

Title: T () Delete
Name: JOYCE, R.TODD
Address: 311 BONNIE CIRCLE
City-St-Zip: CORONA, CA 92880

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:

Title: SVP (X) Change () Addition
Name: CARMICHAEL, CLARE
Address: 360 MT. KEMBLE AVE.
City-St-Zip: MORRISTOWN, NJ 07960

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: DAVID A. BUCHEN

S

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date