

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90348 034 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000056370 1. Entity Name ANDA PHARMACEUTICALS, INC.					
Principal Place of Business 6500 ADELAIDE COURT GROVEPORT, OH 43125 US			Mailing Address 8151 PETERS ROAD ATT: NATHAN CALI PLANTATION, FL 33325 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 8151 Peters Road, 4th Floor		40073120 04122006 Chg-P CR2E034 (11/05)	
City & State		City & State Plantation, FL			
Zip		Zip 33324			
Country		Country			
4. FBI Number 82-0541812				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 of individual or printed name of registered agent and, if applicable, (if not Registered Agent signature required, add agent's name)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RICE, THOMAS P 8151 PETERS ROAD PLANTATION, FL 33324	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, CFO & Treasurer Malahias, Angelo C. 8151 Peters Road, 4th Floor Plantation, FL 33324	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOVENS, DANIEL 2915 WESTON ROAD WESTON, FL 33331	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP and COO Paonessa, Albert III 2915 Weston Road Weston, FL 33331	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP LODIN, SCOTT 8151 PETERS ROAD PLANTATION, FL 33324	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP, General Counsel & Secretary Goldfarb, Robert I. 8151 Peters Road, 4th Floor Plantation, FL 33324	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDFARB, ROBERT I 8151 PETERS ROAD PLANTATION, FL 33324	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP and CIO Giordano, Thomas 3040 Universal Blvd., Suite 150 Weston, FL 33331	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MALAHIAS, ANGELO C 8151 PETERS ROAD PLANTATION, FL 33324	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT HANSON, JOHN M 8151 PETERS ROAD PLANTATION, FL 33324	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/27/06 954-382-7600 Date Daytime Phone		

SVP, General Counsel & Secretary



40073120
P01000056370

April 28, 2006

DHL
Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

Re: Anda Pharmaceuticals, Inc.
Profit Corporation Annual Report 2006

Dear Sir or Madam:

Enclosed please find the 2006 Profit Corporation Annual Report for the above referenced company, together with a company check in the amount of \$150.00 for the filing fee.

Thank you for your assistance in this matter.

Yours Truly,

A handwritten signature in black ink, appearing to read "J. Ugalde".

Juan Ugalde
Paralegal
Andrx Corporation
Tel. 954-382-7646
juan.ugalde@andrx.com

JU
Enclosures

