

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91114 001 \*\*\*150.00  
04-26-2004 91114 002 \*\*\*\*\*8.75

**66415414**




04182004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0643297</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required

**DOCUMENT # P96000011648**

1. Entity Name  
**PHARMACOS SERVICES, INC.**



Principal Place of Business  
**10357 NE 6TH AVENUE  
MIAMI SHORES, FL 33138 US**

Mailing Address  
**10357 NE 6TH AVENUE  
MIAMI SHORES, FL 33138 US**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**MACDANIEL, JOHN M  
TWO SOUTH BISCAYNE BLVD.  
SUITE 2975  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ESTELA MENDIETA 10357 NE 6TH AVE. MIAMI SHORES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENDIETA, RICARDO 10357 NE 6TH AVE. MIAMI SHORES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **04-24-04 3057583920**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #