


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90030 012 ***158.75

DOCUMENT # P96000011648

1. Entity Name
PHARMACOS SERVICES, INC.



Principal Place of Business 2341 N.W. 27TH AVE. MIAMI, FL 33142 US	Mailing Address 2341 N.W. 27TH AVE. MIAMI, FL 33142 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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01262008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

INTERCOMP PROFESSIONAL SERVICES, INC.
 C/O SUELE CORREA
 290 174TH STREET STE 2404
 SUNNY ISLES BEACH, FL 33160

7. Name and Address of New Registered Agent

Name
INTERCOMP PROFESSIONAL SERVICES, INC.
 Street Address (P.O. Box Number is Not Acceptable)
C/O SUELE CORREA
17375 COLLINS AVENUE - SUITE 1702
 City **SUNNY ISLES BCH** FL Zip Code **33160**

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 *J. Correa* DATE 1/28/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	ESTELA MENDIETA	
STREET ADDRESS	10357 NE 6TH AVE.	
CITY - ST - ZIP	MIAMI SHORES, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	MENDIETA, RICARDO	
STREET ADDRESS	10357 NE 6TH AVE.	
CITY - ST - ZIP	MIAMI SHORES, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *Ricardo Mendieta* DATE: 1-28-08 DAYTIME PHONE #: 3056378444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR