2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# P00000091784

Entity Name: PHARM-PACC CORPORATION

Current Principal Place of Business:

7800 SOUTH WEST 57TH AVE
SUITE 207E
MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

7800 SOUTH WEST 57TH AVE
SUITE 207E
MIAMI, FL 33143 US

New Mailing Address:

FEI Number: 65-1049523 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DE MENDIA, CARLOS F
1120 SOUTH ALHAMBRA CIRCLE
CORAL GABLES, FL 33146 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: PD ( ) Delete
Name: DE MENDIA, CARLOS F
Address: 1120 SOUTH ALHAMBRA CIRCLE
City-St-Zip: MIAMI, FL 33146

Title: SD ( ) Delete
Name: PEREZ, MARCOS A
Address: 1121 CRANDON BLVD D407
City-St-Zip: KEY BISCAYNE, FL 331491933

Title: SD ( ) Delete
Name: PEREZ, BEATRIZ
Address: 1121 CRANDON BLVD D407
City-St-Zip: KEY BISCAYNE, FL 33149

Title: TS ( ) Delete
Name: MENDIA, CARLOS G
Address: 14708 GOLDEN LEAF PLACE
City-St-Zip: LOUISVILLE,, KY 40245

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: TS (X) Change ( ) Addition
Name: MENDIA, CARLOS G
Address: 1120 SOUTH ALHAMBRA CIR
City-St-Zip: MIAMI, FL 33146

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: C F DE MENDIA PD 01/21/2009

Electronic Signature of Signing Officer or Director Date