

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000018620

**Entity Name:** PHARMBID, INC.

**Current Principal Place of Business:**

25 SE 2ND AVE  
1020  
MIAMI, FL 33131

**Current Mailing Address:**

25 SE 2ND AVE  
1020  
MIAMI, FL 33131

**FEI Number:** 46-2140584

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LALCHANDANI SIMON PL  
25 SE 2ND AVE  
1020  
MIAMI, FL 33131 US

*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

**Officer/Director Detail :**

Title P  
Name GODFREY, SAMANTHA  
Address 321 TENTH AVENUE  
307  
City-State-Zip: SAN DIEGO CA 92101

Title VP  
Name LALCHANDANI, KUBS  
Address 25 SE 2ND AVE, SUITE 1020  
City-State-Zip: MIAMI FL 33131

*I hereby 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 all other like empowered.*

**SIGNATURE:** SAMANTHA J GODFREY

**PRESIDENT**

**03/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date