

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000084906

Entity Name: PHARMA GROUP USA INC.**Current Principal Place of Business:**19355 TURNBERRY WAY
24 J
AVENTURA, FL 33180**Current Mailing Address:**19355 TURNBERRY WAY
24 J
AVENTURA, FL 33180 US**FEI Number:** 46-3929635**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RIFAI, HAZEM
19355 TURNBERRY WAY
24 J
AVENTURA, FL 33180 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 PRESIDENT
Name RIFAI, HAZEM
Address 19355 TURNBERRY WAY
 24 J
City-State-Zip: AVENTURA FL 33180

Title VP
Name ABUSHAMI, SUBHIYAHYA
Address 19355 TURNBERRY WAY
 24 J
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR
Name RIFAI, KAZEM
Address 19355 TURNBERRY WAY
 24 J
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR
Name ZABADI, JAWAD T
Address 19355 TURNBERRY WAY
 24 J
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR
Name SCHLEY, MARCUS T
Address 19355 TURNBERRY WAY
 24 J
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR
Name KHADER, IBRAHIM
Address 19355 TURNBERRY WAY
 24 J
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR
Name ABOUD, AHMAD
Address 19355 TURNBERRY WAY
 24 J
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR
Name MACEDO, RODRIGO
Address 19355 TURNBERRY WAY
 24 J
City-State-Zip: AVENTURA FL 33180

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: HAZEM RIFAI**PRESIDENT****04/30/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date