

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000101007

**Entity Name:** ALPHARM ENTERPRISE SERVICES INC

**Current Principal Place of Business:**

19430 E OAKMONT DR  
HIALEAH, FL 33015

**Current Mailing Address:**

626 SW 168TH LN  
PEMBROKE PINES, FL 33168 US

**FEI Number: 87-3844301**

**Certificate of Status Desired: No**

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

BRYANT, BERNARD  
847 NW 119 STREET  
205  
NORTH MIAMI, FL 33168 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 DARBOUZE, ALIE  
Address 19430 E OAKMONT DR  
City-State-Zip: HIALEAH FL 33015

*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: DARBOUZE , ALIE**

**P**

**04/09/2022**

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

\_\_\_\_\_  
Date