


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # 614609 1. Entity Name PROPHARMA, INC.	
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Principal Place of Business 7760 NW 56 STREET DORAL, FL 33166	Mailing Address 7760 NW 56 STREET DORAL, FL 33166
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01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1890875	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FARINAS, VICTOR G.
7760 NW 56 STREET
DORAL, FL 33166

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FARINAS, VICTOR G.
STREET ADDRESS	1028 MALAGA AVE.
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	S
NAME	FARINAS, MARGARITA
STREET ADDRESS	1028 MALAGA AVE.
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	V
NAME	FARINAS, VICTOR M.
STREET ADDRESS	3105 GRANADA BOULEVARD
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000683541
04/11/07-80038-017.150.00

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:  DATE: 3/15/07 DAYTIME PHONE #: (305) 11929212