


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90021 025 \*\*\*150.00

DOCUMENT # 614609			
1. Entity Name PROPHARMA, INC.			
Principal Place of Business 7760 NW 56 STREET DORAL, FL 33166		Mailing Address 7760 NW 56 STREET DORAL, FL 33166	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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		7. Name and Address of New Registered Agent	
FARINAS, VICTOR G. 7760 NW 56 STREET DORAL, FL 33166		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 remaining) DATE _____			
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2008 Fee will be \$550.00</b></p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARINAS, VICTOR G. 1028 MALAGA AVE. CORAL GABLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FARINAS, VICTOR G 1028 MALAGA AVENUE CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARINAS, MARGARITA 1028 MALAGA AVE. CORAL GABLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FARINAS, MARGARITA 1028 MALAGA AVENUE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FARINAS, VICTOR M. 3105 GRANADA BOULEVARD CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i>		Date: <i>3/30/08</i> Daytime Phone #: <i>(305) 992-9216</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

40055000



03182008 Chg-P CR2E034 (12/06)