

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005788

FILED
Mar 17, 2006
Secretary of State

Entity Name: SEYER PHARMATEC, INC.

Current Principal Place of Business:

7440 SW 50TH TERRACE
SUITE 105
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

7440 SW 50TH TERRACE
SUITE 105
MIAMI, FL 33155

New Mailing Address:

FEI Number: 66-0266977 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMONT & NEIMAN, P.A.
ONE BISCAYNE TOWER, STE 3550
TWO SOUTH BISCAYNE BLVD
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BADIA, FRED J
Address: 1643 BRICKELL AVENUE APT 3004
City-St-Zip: MIAMI, FL 33131

Title: VST () Delete
Name: BADIA, MICHEL L
Address: 1422 MENDAVIA AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: BADIA, MARC L
Address: 41 HOBART LANE
City-St-Zip: COHASSET, MA 02025

Title: D () Delete
Name: BADIA, CAMILA N
Address: 1422 MENDAVIA AVENUE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CAMILA BADIA

D

03/17/2006

Electronic Signature of Signing Officer or Director

_____ Date