

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005788

FILED  
Apr 09, 2008  
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: VP ( ) Delete  
Name: BADIA, MICHEL L  
Address: 6580 SW 123RD STREET  
City-St-Zip: PINECREST, FL 33156

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: 6580 SW 123RD STREET  
City-St-Zip: PINECREST, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BADIA, FRED J  
Address: 1643 BRICKELL AVENUE APT 1902  
City-St-Zip: MIAMI, FL 33131

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 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

04/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date