2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# F24673

Entity Name: PHARMO-MEDICAL INTERNATIONAL, INC.

Current Principal Place of Business:

9537 SUNSET DR
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

9537 SUNSET DR
MIAMI, FL 33173

New Mailing Address:

FEI Number: 59-2128326 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROIZ, JOSE
9537 SW 72ND ST
MIAMI, FL 33173 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: PD ( ) Delete
Name: ROIZ, LOLY,
Address: 7520 SW 154 TERR
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: ROIZ, GEORGE,
Address: 12254 SW 94 TERR
City-St-Zip: MIAMI, FL 33186

Title: STD ( ) Delete
Name: ROIZ, JOSE,
Address: 7520 SW 154 TERR
City-St-Zip: MIAMI, FL 33186

Title: VTD ( ) Delete
Name: ROIZ, CARIDAD,
Address: 12254 SW 94TH TERR.
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete
Name: ROIZ, ARLENE
Address: 7520 SW 154 TERR
City-St-Zip: MIAMI, FL 33157

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:

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 Section 119.07(3)(i), 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: LOLY ROIZ PD 04/29/2005

Electronic Signature of Signing Officer or Director — Date