

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F24673 1. Entity Name PHARMO-MEDICAL INTERNATIONAL, INC.					
Principal Place of Business 9537 SUNSET DR MIAMI, FL 33173			Mailing Address 9537 SUNSET DR MIAMI, FL 33173		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2128326	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROIZ, JOSE 9537 SW 72ND ST MIAMI, FL 33173				7. Name and Address of New Registered Agent Name Roiz, Loly Street Address (P.O. Box Number is Not Acceptable) 9537 SW 72nd St City Miami FL Zip Code 33173	
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 <i>[Signature]</i> DATE May 15, 2006 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees 000076154219 05/18/06--01037--001 **\$61.25			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROIZ, LOLY 7520 SW 154 TERR MIAMI, FL 33157	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROIZ, GEORGE 12254 SW 94 TERR MIAMI, FL 33186	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROIZ, JOSE 7520 SW 154 TERR MIAMI, FL 33186	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ROIZ, CARIDAD 12254 SW 94TH TERR. MIAMI, FL 33186	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROIZ, ARLENE 7520 SW 154 TERR MIAMI, FL 33157	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
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> Loly Roiz, Resident SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date May 15, 2006 Daytime Phone # 305-279-9799	

FILED

06 MAY 19 PM 3:15

SECRET
TALLAHASSEE, FLORIDA



05122006 Chg-P CR2E034 (11/05)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name **Roiz, Loly**
 Street Address (P.O. Box Number is Not Acceptable)
9537 SW 72nd St
 City **Miami** **FL** Zip Code **33173**

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SIGNATURE *[Signature]* DATE **May 15, 2006**
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	Delete ☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	Change ☐ Addition ☐
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SIGNATURE *[Signature]* **Loly Roiz, Resident** Date **May 15, 2006** Daytime Phone # **305-279-9799**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR