



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F31900 1. Entity Name PHARMATECH U.S.A., CORP.			
Principal Place of Business 6043 NW 167TH ST. SUITE A-12 MIAMI, FL 33015		Mailing Address 6043 NW 167TH ST. SUITE A-12 MIAMI, FL 33015	
DO NOT WRITE IN THIS SPACE			
		4. FCI Number 59-2087781	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAINSTEIN, SIMON 3500 MYSTIC POINTE DR. #1705 N. MIAMI BEACH, FL 33180			
DO NOT WRITE IN THIS SPACE			
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable</small> <small>NOTE: Registered agent signature required when submitting</small> <small>DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PS	 U000000188794 01/24/05-80070-008 150.00 DO NOT WRITE IN THIS SPACE	
NAME	VAINSTEIN, SIMON		
STREET ADDRESS	3500 MYSTIC PINTE DR #1705		
CITY ST ZIP	ANENTURA, FL 33180		
TITLE	VT		
NAME	VAINSTEIN, SARA		
STREET ADDRESS	3500 MYSTIC POINTE DR #1705		
CITY ST ZIP	AVENTURA, FL 33180		
TITLE			
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY ST ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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>Simon Vainstein</i> <i>Simon Vainstein</i>		1-18-05 305-5870990	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			