


**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 Mailing Address
6043 NW 167TH ST. 6043 NW 167TH ST.
SUITE A-12 SUITE A-12
MIAMI, FL 33015 MIAMI, FL 33015



DO NOT WRITE IN THIS SPACE

01182005 No Chg-P CR2E034 (10/03)

4. FCI Number 59-2087781 Applied For Not Applicable
5. Certificate of Status Desired \$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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and filer applicable FICTS: Registered agent signature (only for filers submitting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PS VAINSTEIN, SIMON 3500 MYSTIC PINTE DR #1705 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY ST ZIP	VT VAINSTEIN, SARA 3500 MYSTIC POINTE DR #1705 AVENTURA, FL 33180
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01/24/05-80070-008 150.00

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IN THIS SPACE**

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: Simon Vainstein *Simon Vainstein* 1-18-05 305-5870990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Time