


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90016 036 \*\*\*\*62.50  
 03-10-2004 90012 041 \*\*\*\*87.50

**DOCUMENT # F98000000411**

1. Entity Name  
**PHARMED INTERNATIONAL CORP.**



Principal Place of Business      Mailing Address  
**3075 N.W. 107TH AVENUE**      **3075 N.W. 107TH AVENUE**  
**MIAMI, FL 33172**      **MIAMI, FL 33172**

**54016410**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

01022004    Chg-P      CR2E034 (10/03)

City & State      City & State

4. FEI Number      Applied For  
**65-0717190**      Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent

**FERNANDEZ, ODELIN**  
**3075 N.W. 107TH AVENUE**  
**MIAMI, FL 33172**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	DE CESPEDES, JORGE L	
STREET ADDRESS	3075 N.W. 107TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	TCFO	<input type="checkbox"/> Delete
NAME	PEREZ, BERTIN J	
STREET ADDRESS	3075 N.W. 107TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	CEOC	<input type="checkbox"/> Delete
NAME	DE CESPEDES, CARLOS M	
STREET ADDRESS	3075 N.W. 107TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	ASD	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, CHARLES J	
STREET ADDRESS	3075 N.W. 107TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	SCD	<input type="checkbox"/> Delete
NAME	GARCIA, LEO	
STREET ADDRESS	3075 N.W. 107TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/EVP/COO/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/CAO/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/S/CO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Odelin Fernandez	
STREET ADDRESS	3075 NW 107Ave. Miami, FL 33172	
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)(i), 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: *[Signature]*

*1/30/2004*      *305-592-2324*  
 Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment



54016410

Miami, January 16<sup>th</sup>, 2004

Document # F9800000411  
Pharmed International Corp.  
3075 NW 107<sup>th</sup> Avenue  
Miami, Florida 33172

Mailing address:  
3075 NW 107<sup>th</sup> Avenue  
Miami, Florida 33172

**Addition:**

Title: VPO  
Name: Carlos Carrasco  
Street address: 3075 NW 107<sup>th</sup> Avenue  
City-ST-ZIP: Miami, Florida 33172

  
Odell Fernandez  
Compliance Officer