

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90032 047 \*\*\*150.00

**DOCUMENT # G29286**

1. Entity Name  
**FARMA INTERNATIONAL, INC.**



Principal Place of Business  
**9501 OLD SOUTH DIXIE HWY  
MIAMI, FL 33156 US**

Mailing Address  
**9501 OLD SOUTH DIXIE HWY  
MIAMI, FL 33156 US**

**DO NOT WRITE IN THIS SPACE**



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MEDINA, GEORGE  
9501 OLD SOUTH DIXIE HWY  
MIAMI, FL 33156**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MEDINA, GEORGE
STREET ADDRESS	5290 N. KENDALL DR.
CITY - ST - ZIP	MIAMI, FL 33156
TITLE	STD
NAME	MEDINA, ISABEL RAMOS
STREET ADDRESS	5290 N. KENDALL DR.
CITY - ST - ZIP	MIAMI, FL 33156
TITLE	V
NAME	MILGROM, MARIA EUGENIA M
STREET ADDRESS	7837 SW 117 ST
CITY - ST - ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**George Medina**

**02/20/07 (305) 670-4416**

**Date Daytime Phone #**