
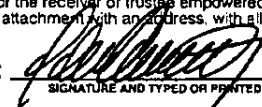


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-11-2004 90016 037 \*\*\*\*\*62.50  
03-10-2004 90012 042 \*\*\*\*\*87.50

54016409

<b>DOCUMENT # G29418</b> 1. Entity Name <b>PHARMED GROUP CORP.</b>					
Principal Place of Business <b>3075 NW 107TH AVE. MIAMI, FL 33172</b>			Mailing Address <b>3075 NW 107TH AVE. MIAMI, FL 33172</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
City		State		Zip	
4. FEI Number <b>59-2279655</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FERNANDEZ, ODELIN 3075 NW 107TH AVE. MIAMI, FL 33172</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DE CESPEDES, CARLOS M 3075 NW 107TH AVE. MIAMI, FL 33172	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE CESPEDES, JORGE L 3075 NW 107TH AVE. MIAMI, FL 33172	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERNANDEZ, ODELIN 3075 NW 107TH AVE. MIAMI, FL 33172	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFD PEREZ, BERTIN J 3075 NW 107TH AVE. MIAMI, FL 33172	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD GARCIA, LEO 3075 NW 107TH AVE. MIAMI, FL 33172	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BALDWIN, WILLIAM 3075 NW 107TH AVE. MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S/CO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/EVP/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/CAO/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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					
Date: <b>1/30/2004</b> Phone: <b>305-592-2324</b>					

Attachment

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

[REDACTED]

54016409

Document # G29418  
Pharmed Group, 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: P/COO  
Name: Jay Pierce  
Street address: 3075 NW 107<sup>th</sup> Avenue  
City-ST-ZIP: Miami, Florida 33172

Title: VP  
Name: Lazaro Sanchez  
Street address: 3075 NW 107<sup>th</sup> Avenue  
City-ST-ZIP: Miami, Florida 33172

Title: VP  
Name: Jim Oliver  
Street address: 3075 NW 107<sup>th</sup> Avenue  
City-ST-ZIP: Miami, Florida 33172

Title: SVP  
Name: Bruce Paul  
Street address: 3075 NW 107<sup>th</sup> Avenue  
City-ST-ZIP: Miami, Florida 33172

Title: SVP  
Name: Larry Richardson  
Street address: 3075 NW 107<sup>th</sup> Avenue  
City-ST-ZIP: Miami, Florida 33172

  
Odélin Fernandez  
Compliance Officer