

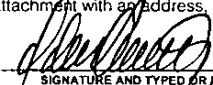


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # G29418 1. Entity Name PHARMED GROUP CORP.						<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 06 JUL 29 10:10 10:10:10 10:10:10 </div>	
Principal Place of Business 3075 NW 107TH AVE. MIAMI, FL 33172				Mailing Address 3075 NW 107TH AVE. MIAMI, FL 33172			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 59-2279655				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				07272006 Chg-P CR2E034 (11/05)			
6. Name and Address of Current Registered Agent FERNANDEZ, ODELIN 3075 NW 107TH AVE. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DE CESPEDES, CARLOS M <input type="checkbox"/> Delete 3075 NW 107TH AVE. MIAMI, FL 33172			TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PAUL, BRUCE 3075 NW 107 AVENUE MIAMI, FL 33172		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete DE CESPEDES, JORGE L 3075 NW 107TH AVE. MIAMI, FL 33172			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RICHARDSON, LARRY 3075 NW 107 AVENUE MIAMI, FL 33172		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSC <input type="checkbox"/> Delete FERNANDEZ, ODELIN 3075 NW 107TH AVE. MIAMI, FL 33172			000078382610 08/04/06--01045--025 **\$61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO <input type="checkbox"/> Delete PEREZ, BERTIN J 3075 NW 107TH AVE. MIAMI, FL 33172			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS <input type="checkbox"/> Delete GUERRA, MARCOS A 3075 NW 107TH AVE. MIAMI, FL 33172			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  ODELIN FERNANDEZ, VPSC <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 7/27/06		Daytime Phone # 305-592-2324	
X 188							