

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012677

FILED  
Apr 06, 2004  
Secretary of State

**Entity Name:** PHARMACEUTICAL TECHNOLOGIES GROUP LLC

**Current Principal Place of Business:**

58 CITRONER  
SUITE 1  
ROSEAU, DOMINICA, DO 00000

**New Principal Place of Business:**

**Current Mailing Address:**

1591 EAST ATLANTIC BLVD., SUITE 200  
POMPANO BEACH, FL 33060

**New Mailing Address:**

2641 EAST ATLANTIC BLVD., SUITE 308  
POMPANO BEACH, FL 33062

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FENCON LLC  
1591 EAST ATLANTIC BLVD.  
SUITE 200  
POMPANO BEACH, FL 33060 US

**Name and Address of New Registered Agent:**

FENCON LLC  
2641 EAST ATLANTIC BLVD.  
SUITE 308  
POMPANO BEACH, FL 33062 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/06/2004

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR                      ( ) Delete  
Name: LAURENT, YVETTE  
Address: 58 CITRONIER, APT. 1  
City-St-Zip: DOMINICA,

**ADDITIONS/CHANGES:**

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LAURENT YVETTE

MGR

04/06/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date