2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Oct 24, 2007
Secretary of State

DOCUMENT# L05000114230

Entity Name: PHARMCO, L.L.C.

Current Principal Place of Business:

901 N MIAMI BEACH BLVD.
1 & 2
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

901 N MIAMI BEACH BLVD.
1& 2
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 20-3863279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SORSHER, ALEX
2500-1 N STATE ROAD 7
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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 Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KARAPETYAN, ARMEN
Address: 901 N MIAMI BEACH BLVD.
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGR ( ) Delete
Name: SUBACHAN, ANDY
Address: 901 N MIAMI BEACH BLVD.
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR ( ) Change (X) Addition
Name: FRIEDMAN, AVRAHAM
Address: 901 N MIAMI BEACH BLVD.
City-St-Zip: NORTH MIAMI BEACH, FL 33162

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ARMEN KARAPETYAN MGR 10/24/2007

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