2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072113

Entity Name: PHARMA FLORIDA LLC

Current Principal Place of Business:	**New Principal Place of Business:**
2500 N.E. 48TH LANE #401 FT. LAUDERDALE, FL 33308	2500 N.E. 48TH LANE 401 FT. LAUDERDALE, FL 33308
Current Mailing Address:	**New Mailing Address:**
2500 N.E. 48TH LANE #401 FT. LAUDERDALE, FL 33308	2500 N.E. 48TH LANE 401 FT. LAUDERDALE, FL 33308

FEI Number: 20-5271851   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
TRANSGLOBAL CORPORATE ADMINISTRATION, LLC 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131 US	CAMPBELL, PHILIP L MGRM 2500 NE 48TH LANE, 401 FORT LAUDERDALE, FL 33308 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: PHILIP CAMPBELL   01/24/2007
_____   _____
                Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete		Title:	MGRM (X) Change ( ) Addition
Name:	CAMPBELL, PHILIP		Name:	CAMPBELL, PHILIP
Address:	2500 N.E. 48TH LANE #401		Address:	2500 N.E. 48TH LANE #401
City-St-Zip:	FT. LAUDERDALE, FL 33308		City-St-Zip:	FT. LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the 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: PHILIP CAMPBELL   MGRM   01/24/2007
_____
       Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date