2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106496

Entity Name: PHARMALIFE BUYING GROUP, LLC

690 ROARING DR. UNIT 389

City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Address:

FILED Feb 18, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
3801 S OC	EAN DR				
N2V HOLLYWOOD, FL 33019					
Current Mailing Address:			New Mailing Address:		
	MONT RD				
A ATLANTA	, GA 30305				
FEI Number	: 26-3728407	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
3801 S OC N2V HOLLYWO The above	DOD, FL 33019 named entity se of Florida.		purpose of changing its register	red office or registered agent, or both	
Electronic Signature of Registered Agent			ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () IGOR, LYUSTIN 3145 GEARY B SAN FRANCISC	LVD, SUITE 460	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGR () SERGEY, BUSH	Delete INEV	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: IGOR LYUSTIN MGR 02/18/2009