


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L27914
1. Entity Name
NATIONAL DRUG BENEFIT SERVICES CORPORATION



Principal Place of Business Mailing Address
% POMERAZ & LANDSMAN P.A.
12955 BISCAYNE BLVD, STE 202
N. MIAMI, FL 33181 US **% POMERAZ & LANDSMAN P.A.**
12955 BISCAYNE BLVD, #202
N. MIAMI, FL 33181 US

DO NOT WRITE IN THIS SPACE



04212005 No Chg-P CR2E034 (10/03)

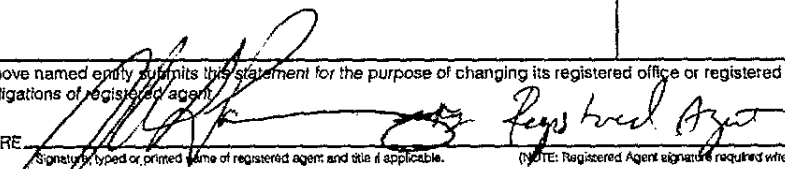
4. FEI Number
65-0246858 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
POMERAZ, MARK L.
12955 BISCAYNE BLVD., #202
N. MIAMI, FL 33181

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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:  **Registered Agent** **4/26/05**
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

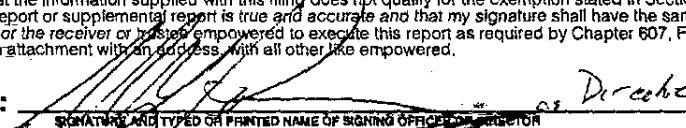
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	POMERAZ, MARK L
STREET ADDRESS	12955 BISCAYNE BLVD., STE 202
CITY-ST-ZIP	N. MIAMI, FL
TITLE	D
NAME	FISHMAN, ROBERT
STREET ADDRESS	4401 SHERIDAN STREET
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/30/05-80119-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Director** **4/26/05** **(305) 891-5858**
DATE Daytime Phone #