


**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

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DOCUMENT # P00000006503	
1. Entity Name PHARMACARE INTERNATIONAL INC	

FILED

11 MAY 17 AM 10:52

RECEIVED DATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box 7909 NW 40th St	3. Mailing Address Same
Suite, Apt. #, etc. DAVIE	Suite, Apt. #, etc.
City & State DAVIE FL	City & State
Zip 33024	Country USA

CR2E034B (1/11)

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0977153		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name 7909 NW 40th St Street Address (P.O. Box Number is Not Acceptable)		
City DAVIE			Zip Code 33024

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 

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

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

E-mail Address:
Pharmacareintl@msn.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VERONICA SINGH 7909 NW 40th DAVIE, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. P. ALICIA SINGH 7909 NW 40th St DAVIE FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____

300207337853 05/18/11-01035-009- **8.75
300207337853 05/09/11-01009-005- **150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.158 F.S.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-10-2011

DATE

Daytime Phone #

11740