## **FILED** 2004 FOR PROFIT CORPORATION **ANNUAL REPORT** Mar 08, 2004 08:00 AN DOCUMENT # P000<del>0002</del>0063 **Secretary of State** PHARCOR INTERNATIONAL CORP. Mailing Address Principal Place of Business 11502 SW 124 PL 11502 SW 124 PL MIAMI, FL 33186 MIAMI, FL 33186 CR2E034 (10/03) 01142004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0985093 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORREA, LUIS A DO NOT WRITE 14321 SW 97TH AVE. MIAMI, FL 33176 IN THIS SPACE 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. DATE Signature, typed or printed name of registered egent and title if applicable (NOTE. Registered Agent argnature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE U00000080368 NAME CORREA, LUIS A N3/08/04-80106-001 150.00 STREET ADDRESS 14321 SW 97TH AVE CITY-ST-ZIP MIAMI, FL 33176 VPT TITLE URREGO, GLORIA L NAME 14321 SW 97 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ΉTE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, if 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 eath; that I am an officer or director of the corporation or the repeiver 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:	_ 7	YHUM		UM		(0)	
	7	SIGNATURE AND	TYPED O	R PRINTED N	AME OF SIGN	ING OFFICER OR DIRECT	C

NAME STREET ADDRESS CITY-ST-ZIP

305-278-7785