

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90092 044 ***158.75

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1. Entity Name

P.H.A.R. CORPORATION



Principal Place of Business

2121 PONCE DE LEON BLVD
721
CORAL GABLES FL 33134

Mailing Address

2121 PONCE DE LEON BLVD
721
CORAL GABLES FL 33134

J4U6J1U7



MOORE CR2E034 (11/03)

2. Principal Place of Business

300 ALCAZAR AVENUE
SUITE 302
CORAL GABLES FL

3. Mailing Address

300 ALCAZAR AVENUE
SUITE 302
CORAL GABLES FL

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-1033433

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VEGA, ALBERT
2121 PONCE DE LEON BLVD
SUITE 721
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

300 ALCAZAR AVENUE

SUITE 302

City

CORAL GABLES

FL

Zip Code

33134

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP
NAME GETREIDE, PATRICK
STREET ADDRESS 2121 PONCE DE LEON BLVD STE 721
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE S
NAME VEGA, ALBERT P
STREET ADDRESS 2121 PONCE DE LEON BLVD A 721
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 300 ALCAZAR AVENUE SUITE 302
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE
NAME
STREET ADDRESS 300 ALCAZAR AVENUE SUITE 302
CITY-ST-ZIP CORAL GABLES FL 33134

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/2/04