2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

3071 CYPRESS GARDENS RD

WINTER HAVEN FL 33884

P00000055086 **DOCUMENT#**

1. Entity Name PHARMAFRICA (KENYA), INC.

Principal Place of Business

WINTER HAVEN FL 33684

3071 CYPRESS GARDENS RD



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90043 034 ***150.00

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2. Principal Place of Business 3. Mailing Address				(MENINE H) SEIN SEIN SEIN SEIN SEIN SEIN SIN SIN SIN SIN SIN SIN SIN SIN SIN S		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State	е	City & State		4. FEI Number 59-3653429 Applied For Not Applied by		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Address of New Registered Agent		
	The second secon	ه چه چه خهر دغوړ سره	Name -			
	LIP MR. RESS GARDENS RD IAVEN FL 33884	Suite, Apt. #, etc. City & State Zip Current Registered Agent terment for the purpose of changing its restered agent and title if applicable. (NOTE: F	Street Add	Street Address (P.O. Box Number is Not Acceptable)		
			City	FL Zip Code		
8. The above the objigat	named entity submits this statement folions of registered agent.	or the purpose of changing its	s registered office or r	registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE .	Circulus hand as selected partie of registered opens	and title if poplicable (NO)	TE: Registered Agent signature	ure required when reinstating) DATE		
·	Signature, typed or printed harne or registered agent	and the Happicable. (NO	TE Hegistord Agent organism			
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	f State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS	D PATEL, DILIP MR. 3071 CYPRESS GARDENS RD	☐ Delete	NAME STREET ADDRESS	P,P,		
CITY-ST-ZIP, HTLE NAME	WINTER HAVEN FL 33884	☐ Delete	CITY-ST-ZIP TITLE NAME	Change Additio		
STRÈET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP	"	Delete	_ : TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	Change Additio		
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP TITLE NAME	☐ Change ☐ Additio		
NAME STREET ADDRESS			STREET ADDRESS			

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE REQUIR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR