

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000091784

FILED
Feb 23, 2004
Secretary of State

Entity Name: PHARM-PACC CORPORATION

Current Principal Place of Business:

6464 CABALLERO BLVD.
MIAMI, FL 33146 US

New Principal Place of Business:

7800 SOUTH WEST 57TH AVE
SUITE 207E
MIAMI, FL 33143 US

Current Mailing Address:

6464 CABALLERO BLVD.
MIAMI, FL 33146 US

New Mailing Address:

7800 SOUTH WEST 57TH AVE
SUITE 207E
MIAMI, FL 33143 US

FEI Number: 65-1049523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE MENDIA, CARLOS F
1120 SOUTH ALHAMBRA CIRCLE
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DE MENDIA, CARLOS F
Address: 1120 SOUTH ALHAMBRA CIRCLE
City-St-Zip: MIAMI, FL 33146

Title: SD () Delete
Name: PEREZ, MARCOS A
Address: 430 GRAND BAY DR., #303
City-St-Zip: KEY BISCAYNE, FL 331491933

Title: SD () Delete
Name: PEREZ, BEATRIZ
Address: 430 GRAND BAY DR., #303
City-St-Zip: KEY BISCAYNE, FL 33149

Title: TS () Delete
Name: MENDIA, CARLOS G
Address: 277 S. BROADWAY
City-St-Zip: TARRYTOWN, NY 10591

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TS (X) Change () Addition
Name: MENDIA, CARLOS G
Address: 58 FREMONT
City-St-Zip: SLEEPY HOLLOW, NY 10591

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS F. DE MENDIA

PRES

02/23/2004

Electronic Signature of Signing Officer or Director

_____ Date