

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000091784

FILED  
Feb 11, 2008  
Secretary of State

Entity Name: PHARM-PACC CORPORATION

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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: 58 FREMONT  
City-St-Zip: SLEEPY HOLLOW, NY 10591

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SD (X) Change ( ) Addition  
Name: PEREZ, MARCOS A  
Address: 1121 CRANDON BLVD D407  
City-St-Zip: KEY BISCAYNE, FL 331491933

Title: SD (X) Change ( ) Addition  
Name: PEREZ, BEATRIZ  
Address: 1121 CRANDON BLVD D407  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: TS (X) Change ( ) Addition  
Name: MENDIA, CARLOS G  
Address: 14708 GOLDEN LEAF PLACE  
City-St-Zip: LOUISVILLE,, KY 40245

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: C F DE MENDIA

Electronic Signature of Signing Officer or Director

PRES

02/11/2008

\_\_\_\_\_ Date