

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000091784

FILED
Jan 03, 2011
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

OFFICERS AND DIRECTORS:

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

Title: D
Name: PEREZ, MARCOS A
Address: 1121 CRANDON BLVD D407
City-St-Zip: KEY BISCAYNE, FL 331491933

Title: D
Name: PEREZ, BEATRIZ
Address: 7011 CONSERVATORY LANE DRIVE
City-St-Zip: CHALOTTE, NC 28210

Title: VPTD
Name: MENDIA, CARLOS G
Address: 14708 GOLDEN LEAF PLACE
City-St-Zip: LOUISVILLE, KY 40245

Title: SD
Name: DE MENDIA, IRMA
Address: 1120 SOUTH ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33146

I hereby 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 all other like empowered.

SIGNATURE: CARLOS F DE MENDIA

PRES

01/03/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date