


2006 FOR PROFIT CORPORATION ANNUAL REPORT

06 JAN -9 PM 2:30

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P00000107285					
1. Entity Name PHARMACIA SELO, INC.					
Principal Place of Business 5989 SW 8 ST MIAMI, FL 33144			Mailing Address 2121 PONCE DE LEON BLVD 1050 CORAL GABLES, FL 33134		
2. Principal Place of Business		3. Mailing Address 2222 Ponce de Leon Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Penthouse Suite			
City & State		City & State Coral Gables, Florida		4. FEI Number 65-1056083	
Zip		Country		Applied For Not Applicable	
Zip 33134		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JUNCO, RAMON E 5989 S.W. 8 ST. MIAMI, FL 33144			7. Name and Address of New Registered Agent Name Mary Lou Rodon Alvarez, Esq. Street Address (P.O. Box Number is Not Acceptable) 2222 Ponce de Leon Blvd. Penthouse Suite 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		Mary Lou Rodon Alvarez		1-5-06	
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees 000064515200 01/25/06--01035--004 **158.75	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUNCO, RAMON E P.O. BOX 654334 MIAMI, FL 332654334	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS Eduardo Rivero 310 S.W. 52nd Ave. Miami, Florida 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT Niuvis Alfonso 310 S.W. 52nd Ave. Miami, Florida 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:		Niuvis Alfonso		1-5-06 (305) 265-3738	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

Niuvis Alfonso