

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90183 024 \*\*\*150.00

**DOCUMENT # P01000021943**

1. Entity Name  
PROPHARMA INTERNATIONAL TRADING CORP.



Principal Place of Business  
2100 PONCE DE LEON BLVD SUITE 600  
CORAL GABLES, FL 33134

Mailing Address  
2100 PONCE DE LEON BLVD SUITE 600  
CORAL GABLES, FL 33134

**50048277**

**( P 0 1 0 0 0 0 2 1 9 4 3 P )**

**DO NOT WRITE IN THIS SPACE**

03292005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1080588

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VILLANUEVA, CARLOS  
2100 PONCE DE LEON BLVD SUITE 600  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS  
NAME RAVELO, GUSTAVO  
STREET ADDRESS 2100 PONCE DE LEON BLVD SUITE 600  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE  
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STREET ADDRESS  
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NAME  
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CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-05 305 377 0812