

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000098231

FILED  
Mar 08, 2006  
Secretary of State

Entity Name: PHARMACEUTICAL TRADING, INC.

## Current Principal Place of Business:

679 DESTACADA CIRCLE  
CORAL GABLES, FL 33156

## New Principal Place of Business:

8205 SW 124 STREET  
MIAMI, FL 33156 US

## Current Mailing Address:

C/O JACK A SNAY P.A.  
8205 S.W. 124 STREET  
MIAMI, FL 331565932

## New Mailing Address:

C/O JACK A SNAY P.A.  
8205 S.W. 124 STREET  
MIAMI, FL 331565932 US

FEI Number: 04-3650235

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRAHAM, ANTHONY R  
679 DESTACADA CIRCLE  
CORAL GABLES, FL 33156 US

## Name and Address of New Registered Agent:

GRAHAM, ANTHONY R  
8205 SW 124 STREET  
MIAMI, FL 33156 US

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:

03/08/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GRAHAM, ANTHONY R  
Address: 679 DESTACADA CIRCLE  
City-St-Zip: CORAL GABLES, FL 33156

Title: S ( ) Delete  
Name: GRAHAM, SYLVIA  
Address: 679 DESTACADA CIRCLE  
City-St-Zip: CORAL GABLES, FL 33156

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GRAHAM, ANTHONY R  
Address: 8205 SW 124 STREET  
City-St-Zip: MIAMI, FL 33156 US

Title: S (X) Change ( ) Addition  
Name: GRAHAM, SYLVIA  
Address: 8205 SW 124 STREET  
City-St-Zip: MIAMI, FL 33156 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY R. GRAHAM

PRES

03/08/2006

Electronic Signature of Signing Officer or Director

Date