

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000040467

Entity Name: PHARMANOVA INC

FILED
Jan 08, 2004
Secretary of State

Current Principal Place of Business:

8639 N.HIMES AVE
#3420
TAMPA, FL 33614

New Principal Place of Business:

11910 ROYCE WATERFORD CIRCLE
TAMPA, FL 33626

Current Mailing Address:

8639 N.HIMES AVE
#3420
TAMPA, FL 33614

New Mailing Address:

11910 ROYCE WATERFORD CIRCLE
TAMPA, FL 33626

FEI Number: 02-0588217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, DIVYESH
8639 N.HIMES AVE
#3420
TAMPA, FL 33614

Name and Address of New Registered Agent:

PATEL, DIVYESH
11910 ROYCE WATERFORD CIRCLE
TAMPA, FL 33626

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:

01/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PATEL, DIVYESH
Address: 8639 N.HIMES AVE,#3420
City-St-Zip: TAMPA, FL 33614

Title: V () Delete
Name: PATEL, SWATI
Address: 8639 N.HIMES AVE,#3420
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PATEL, DIVYESH
Address: 11910 ROYCE WATERFORD CIRCLE
City-St-Zip: TAMPA, FL 33626

Title: V (X) Change () Addition
Name: PATEL, SWATI
Address: 11910 ROYCE WATERFORD CIRCLE
City-St-Zip: TAMPA, FL 33626

I hereby certify that the information supplied with this filing does not qualify for the 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 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: D PATEL

PD

01/08/2004

Electronic Signature of Signing Officer or Director

Date