2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT/(UBR)

7/25/2

FILED Aug 12, 2003 8:00 am Secretary of State

07-25-2003 90088 016 ***550.00

DOCUMENT # 1. Entity Name

PHARMABLOOD INC.

P02000044151

Principal Place of Business 2050 NE 163RD. STREET 2ND. FLOOR. # 202 NORTH MIAMI BEACH FL 33162 2. Principal Place of Business		2ND. FLOOR. # 202 NORTH MIAMI BEACH FI	2050 NE 163RD. STREET		55053 9 37				
z. Pilicipai r	lace or business	S. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt, #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Number 04 - 365 3972 Applied For Not Applied				7
Zip	Country	Zip	Country	5.	. Certificate of Status Des		8.75 Ad	ditional	1
	6. Name and Address of C	urrent Registered Agent			Name and Address of	New Registered As	ent	ح-محسم	-
		raine. A compart of the		16		=# *+			1.
LASALVIA	, LAURA A		Street Address		(P.O. Box Number is Not Acceptable)				
2050 NE	163RD. STREET		<u> </u>			· ,			
2ND. FLO	OR, # 202	•							1
NORTH N	IIAMI BEACH FL 33162		City		····	FL	Zip Cod	le	1
8. The above	named entity submits this states	ment for the purpose of changing its	registered offic	e or registered a	agent, or both, in the State	of Florida. I am far	niliar with,	and accept	1
_	ions of registered agent.	•							1
4 SIGNATURE		<u> </u>							1
	Signature, typed or printed name of registers	ed agent and title if applicable. (NOT	E: Registered Agent s	gnature required when	n reinstäting)	DATE			
After Se	TLE NOW!!! FEE IS \$550.0 ptember 10, 2003 Fee will be k Payable to Florida Departm	\$750.00			9. Election Campai Trust Fund Conti			O May Be to Fees	
10.	OFFICER	S AND DIRECTORS	11.	A	ADDITIONS/CHANGES TO	OFFICERS AND	RECTOR	S IN 1.1	1
TITLE	PDST	☐ Delete	TITLE			(Change	Addition	ଞ
NAME	LASALVIA, LAURA A		NAME	J					CR2E034 (4/03)
STREET ADDRESS	2050 NE 163RD STREET, 2		STREET ADDRE	SS					lã
CITY-ST-ZIP	NORTH MIAMI BEACH FL		CITY-ST-ZIP						1 2
TITLE -	DVP	☐ Delete	TITLE	1	`	į	Change	Addition	្ន
NAME	LASALVIA, EDUARDO M	NID FL JAMA	NAME Street addre	~ l					1
STREET ADDRESS CITY-ST-ZIP	2050 NE 163RD STREET, 2 NORTH MIAMI BEACH FL		CITY-ST-ZIP	»					ĺ
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CITY-ST-ZIP			CITY-ST-ZIP						
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STREET ADORESS CITY-ST-ZIP			CITY-SI-ZIP	30					ı
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STREET ADORESS	•		STREET ADDRE	ss				ļ	j
CITY-ST-ZIP		,	CITY-ST-ZIP					J	ļ
12. Thereby	certify that the information supplied	ed with this filing goes not qualify for	the exemption	stated in Section	119.07(3)(i), Florida Stati	utes. I further certify	that the in	formation	ı

reflect of this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 same appears in Block 10 or Block 11 if changed, or on an attachment with an address, withfall other like empowered.

SIGNATURE:

LEAGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR