

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000082528

Entity Name: PHARMOVISA LIMITED INC.

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8465 SW 76 TERR.  
MIAMI, FL 33143

**New Principal Place of Business:**

5855 SW 137 AVE  
MIAMI, FL 33183

**Current Mailing Address:**

8360 W FLAGLER ST  
206  
MIAMI, FL 33144

**New Mailing Address:**

FEI Number: 83-0337895

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORALES, JOSE C  
8465 SW 76 TERR.  
MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MORALES, JOSE C  
Address: 8465 SW 76 TERR.  
City-St-Zip: MIAMI, FL 33143

Title: VD  
Name: MORALES, ROSA L  
Address: 8465 SW 76 TERR.  
City-St-Zip: MIAMI, FL 33143

I hereby 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 all other like empowered.

SIGNATURE: JOSE C MORALES

OWNE

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date