


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 10, 2004 8:00 am
Secretary of State

08-10-2004 90004 019 ***150.00

DOCUMENT # P02000114514 1. Entity Name INTERNATIONAL PHARMA CORPORATION	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6542 Highway 41 North Suite, Apt. #, etc. City & State Apollo Beach, Florida Zip 33572 Country United States	3. Mailing Address P.O. Box Suite, Apt. #, etc. 3478 City & State Apollo Beach, FL Zip 33572 Country USA
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24079482

DO NOT WRITE IN THIS SPACE

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	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent Name = Spiegel & Utrera, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way, 4th Floor City Miami FL Zip Code 33145	

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD Beau Caron 6542 Hwy 41 North, Apollo Beach, FL 33572	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Beau Caron* **Beau Caron** Aug 3, 2004 813-244-0874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

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Attachment
24079482
#P02000114514

REQUEST TO WAIVE THE
FLORIDA DEPT. OF STATE
CORPORATE ANNUAL REPORT LATE FEES

To: State of Florida

1. Beau Caron is the President of INTERNATIONAL PHARMA CORPORATION, a Florida Corporation.
2. The Corporation failed to file it's 2004 Uniform Business Report within the time Prescribed by Florida Statue 607, because we changed our mailing address and the written notice was not received.
3. The Corporation requests the Florida Dept. of State waive the late fee upon the payment of the 2004 Uniform Business Report filing fee which we have enclosed.

Dated: 3 day of August, 2004

INTERNATIONAL PHARMA CORPORATION

By  - Beau Caron

WITNESS

By  - Todd Bentley, M.D.



Attachment
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To receive the form by mail:

- Detach this postcard.
- Enter address to mail report to, if different from preprinted mailing address.
- Affix postage on reverse side and mail.
- Allow 10-14 business days to receive form.

Document # P02000114514

INTERNATIONAL PHARMA CORPORATION
6642 HWY 41N P.O. Box 3478
APOLLO BEACH FL 33572-1710

(Mail Report to: 2005)

T.P.C

218 Commercial

Blvd. # 201F

Ft. Lauderdale

FL. 33308

