
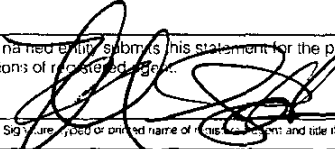
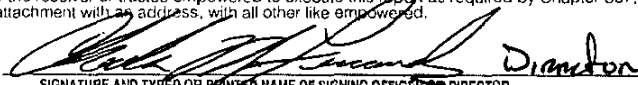


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90262 029 \*\*\*150.00

<b>DOCUMENT # P02000120417</b>					
<b>1. Entity Name</b> NORTH AMERICAN PHARMACEUTICAL GROUP, INC.					
<b>Principal Place of Business</b> 4906 S.W. 72 AVENUE MIAMI, FL 33155 US			<b>Mailing Address</b> 4906 S.W. 72 AVENUE MIAMI, FL 33155 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 2999 NE 191 ST. Suite, Apt. #, etc. PH 8 City & State AVENTURA, FL 33180 Zip 33180 Country USA			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272005 Chg-P CR2E034 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 56-2304654	
Zip		Zip		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> FERNANDEZ, CHARLES M 4400 BISCAYNE BOULEVARD MIAMI, FL 33137			<b>7. Name and Address of New Registered Agent</b> Name MAYNARD J. HELLMAN, ESQ Street Address (P.O. Box Number is Not Acceptable) 2999 NE 191 ST. PH 8 City AVENTURA FL Zip Code 33180		
<b>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.</b>					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D FERNANDEZ, CHARLES M <input type="checkbox"/> Delete 4906 S.W. 72 AVENUE MIAMI, FL 33155				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FERNANDEZ, CHARLES M. 2999 NE 191 ST. PH 8 AVENTURA, FL 33180				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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 Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b>  <b>Director</b> 4/27/05 305-918-0009 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # CHARLES M. FERNANDEZ					