

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000030542**

1. Entity Name  
**MEDCARE PHARMA, INC.**



Principal Place of Business

**8935 N.W. 27TH ST.  
MIAMI, FL 33172**

Mailing Address

**8935 N.W. 27TH ST.  
MIAMI, FL 33172**



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-2324240**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ABULHAJ, RAMZI  
8935 N.W. 27TH ST.  
MIAMI, FL 33172**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ABULHAJ, RAMZI  
STREET ADDRESS 8935 N.W. 27TH ST.  
CITY-ST-ZIP MIAMI, FL 33172

TITLE VPD  
NAME FANG, JUN  
STREET ADDRESS 8935 NW 27TH ST.  
CITY-ST-ZIP MIAMI, FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

000000423784  
02/18/06-80021-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/06  
Date

305 620 4007  
Daytime Phone #