

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000051605

Entity Name: PHARMACYMAX, INC.

FILED  
Apr 27, 2007  
Secretary of State

## Current Principal Place of Business:

5850 LAKEHURST DRIVE  
SUITE 230  
ORLANDO, FL 32819

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 22208  
ORLANDO, FL 32830

## New Mailing Address:

5850 LAKEHURST DRIVE  
SUITE 230  
ORLANDO, FL 32819

FEI Number: 56-2356640

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET, 4TH FLOOR  
MIAMI, FL 33145 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: BELAL, MOHAMED RPH.  
Address: 5850 LAKEHURST DRIVE, SUITE 230  
City-St-Zip: ORLANDO, FL 32819

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MOHAMED BELAL, RPH

MB

04/27/2007

Electronic Signature of Signing Officer or Director

Date