

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90028 032 \*\*\*150.00

**DOCUMENT # P03000052014**

1. Entity Name

PHARMAPRO, INC.



Principal Place of Business

3100 NW 2ND AVE., SUITE 213  
BOCA RATON FL 33431

Mailing Address

1730 SOUTH FEDERAL HWY., SUITE 270  
DELRAY BCH FL 33483

2. Principal Place of Business

3100 NW 2nd Ave.

Suite, Apt. #, etc.

Ste 213.

City & State

Boca Raton FL

Zip 33431

Country US

3. Mailing Address

1730 South Federal Hwy

Suite, Apt. #, etc.

Ste 270

City & State

Delray Beach FL

Zip 33483

Country US



MOORE

CR2E034 (11/03)

4. FEI Number

020690909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

This is  
incorrect

7. Name and Address of New Registered Agent

Name

Anthony M. Altieri

Street Address (P.O. Box Number is Not Acceptable)

3100 NW 2nd Ave, Ste 213

City

Boca Raton

FL

Zip Code

33431

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

2/25/04.

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME ALTIERI, ANTHONY M  
STREET ADDRESS 3100 NW 2ND AVE., SUITE 213  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE STD ☐ Delete  
NAME ALTIERI, MARIA A  
STREET ADDRESS 3100 NW 2ND AVE., SUITE 213  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/04.

Date

561 367-1474.

Daytime Phone #