

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089823

Entity Name: PHARM-ASSIST USA, INC.

FILED
Apr 19, 2005
Secretary of State

Current Principal Place of Business:

88 UNO LAGO DR.
N. PALM BCH, FL 33408

New Principal Place of Business:

931 VILLAGE BLVD STE 905-87
WEST PALM BEACH, FL 33409

Current Mailing Address:

88 UNO LAGO DR.
N. PALM BCH, FL 33408

New Mailing Address:

931 VILLAGE BLVD STE 905-87
WEST PALM BEACH, FL 33409

FEI Number: 20-0156519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANOS, DONNA
88 UNO LAGO DR.
N. PALM BCH, FL 33408 US

Name and Address of New Registered Agent:

MANOS, DONNA
931 VILLAGE BLVD STE 905-87
WEST PALM BEACH, FL 33409 US

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: DONNA MANOS

04/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MANOS, DONNA
Address: 88 UNO LAGO DR.
City-St-Zip: N. PALM BCH, FL 33408

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MANOS, DONNA
Address: 931 VILLAGE BLVD STE 905-87
City-St-Zip: WEST PALM BEACH, FL 33409

Title: CEO () Change (X) Addition
Name: ROMBRO, DAVID
Address: 931 VILLAGE BLVD STE 905-87
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONNA MANOS

PD

04/19/2005

Electronic Signature of Signing Officer or Director

Date