

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90137 034 ***150.00

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1. Entity Name
PHARMACREAMS CORP



Principal Place of Business

1474 NW 78 AVE
MIAMI, FL 33126
Doral FL 33126

Mailing Address

1474 NW 78 AVE
MIAMI, FL 33126
Doral FL 33126

50006867



03162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0109048

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AGUILA, JOSE G CRUZ, RENIER
8231 NW 8 ST 300 SEVILLA AVE. # 301
UNIT 310 CORAL GABLES
MIAMI, FL 33126 FL 33134

**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	P
NAME	VALDEZ, ALEJANDRO I
STREET ADDRESS	136 SW 19 RD- 167 SW 20 ROAD
CITY-ST-ZIP	MIAMI, FL 33129 MIAMI FL 33129
TITLE	V
NAME	AGUILA, JOSE G
STREET ADDRESS	8231 NW 8 ST UNIT 310
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	STD
NAME	MUNIZ, MARIA D
STREET ADDRESS	1851 SW 21 ST.
CITY-ST-ZIP	MIAMI, FL 33145 33145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

Date

Daytime Phone #