2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# P03000100801

Entity Name: PHARMACREAMS CORP

Current Principal Place of Business:

1474 NW 78 AVE
DORAL, FL 33126

New Principal Place of Business:

1462 NW 78 TH AVENUE
DORAL, FL 33126

Current Mailing Address:

1474 NW 78 AVE
DORAL, FL 33126

New Mailing Address:

1462 NW 78 TH AVENUE
DORAL, FL 33126

FEI Number: 90-0109048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CRUZ, RENIER
300 SEVILLA AVE
301
MIAMI, FL 33134 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: P ( ) Delete
Name: VALDEZ, ALEJANDRO
Address: 170 SHIBISCUS DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: V ( ) Delete
Name: AGUILA, JOSE G
Address: 8231 NW 8 ST UNIT 310
City-St-Zip: MIAMI, FL 33126

Title: STD ( ) Delete
Name: MUNIZ, MARIA D
Address: 1851 SW 21 ST.
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: VALDES, ALEJANDRO
Address: 170 S HIBISCUS DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

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

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: ALEJANDRO VALDES P 01/16/2009

Electronic Signature of Signing Officer or Director — Date