2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111275

Name:

Address:

City-St-Zip:

PAIS, NUNO

721 CRANDON BLVD #307

KEY BISCAYNE, FL 33149

Entity Name: PHARMAHOME OF FLORIDA, INC

FILED Jan 22, 2005 Secretary of State

Littly Nai	HE. FHAR	WALIOWE OF FEORIDA, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
701 NW 57 MIAMI, FL	' AVE STE : 33126	240			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
701 NW 57 MIAMI, FL	' AVE STE : 33126	240			
FEI Number:	20-0228954	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address o	of Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
MEDVIN, F 2801 PON CORAL GA	CE DE LEC	N BLVD STE 370 33134 US			
The above in the State		ty submits this statement for the	e purpose of changing its registered	office or registered agent, or both,	
SIGNATUR					
Election Can		ronic Signature of Registered A cing Trust Fund Contribution ().	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTDC BEHAR, VIC 701 NW 57 MIAMI, FL	AVE STE 240	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	14861 ENC	(X) Delete SEBASTIAN LAVE PRESERVE CIR T3) BEACH, FL 33484	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title:	DSCO	(X) Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: VICTOR BEHAR CEO 01/22/2005