

# **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000114946

**FILED**  
**Jan 07, 2007**  
**Secretary of State**

**Entity Name:** PHARMA QUALITY CONSULTING INC.

**Current Principal Place of Business:**

1658 SW 109 TER  
DAVIE, FL 333247177

**New Principal Place of Business:**

**Current Mailing Address:**

1658 SW 109 TER  
DAVIE, FL 333247177

**New Mailing Address:**

**FEI Number:** 13-4269403

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHAH, MAVJI  
1658 SW 109 TER  
DAVIE, FL 333247177 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: MR ( ) Delete  
Name: SHAH, MAVJI  
Address: 1658 SW 109 TER  
City-St-Zip: DAVIE, FL 333247177

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MAVJI SHAH

MR

01/07/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date