

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000009853

Entity Name: PHARMAKONSULTS, INC.

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4611 SOUTH UNIVERSITY DRIVE  
#224  
FORT LAUDERDALE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

5831 S.W. 88TH TERRACE  
FORT LAUDERDALE, FL 33328

**New Mailing Address:**

FEI Number: 41-2165996

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALVAREZ, GOAR  
5831 S.W. 88TH TERRACE  
FORT LAUDERDALE, FL 33328 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ALVAREZ, GOAR  
Address: 5831 S.W. 88TH TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33328

I hereby 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 all other like empowered.

SIGNATURE: GOAR ALVAREZ

P

01/05/2011

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

\_\_\_\_\_  
Date