

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90072 043 \*\*\*150.00

**DOCUMENT # P04000102779**

1. Entity Name

PHARMA HOLDINGS INCORPORATED



Principal Place of Business

725 NORTH A1A  
SUITE E-103  
JUPITER FL 33477  
US

Mailing Address

725 NORTH A1A  
SUITE E-103  
JUPITER FL 33477  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-0261175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KLAPP, EDWARD D JR.  
7831 SE DOUBLETREE DRIVE  
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

Name

*KLAPP, EDWARD JR.*

Street Address (P.O. Box Number is Not Acceptable)

*7831 SE DOUBLETREE DRIVE*

City

*HOBE SOUND*

FL

Zip Code

*33455*

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

*Edward D. Klapp Jr.*

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **KLAPP, EDWARD D IV**  
STREET ADDRESS **725 NORTH A1A, SUITE E-103**  
CITY-ST-ZIP **JUPITER FL 33477**

TITLE **VP** ☐ Delete  
NAME **KLAPP, EDWARD D JR.**  
STREET ADDRESS **725 NORTH A1A, SUITE E-103**  
CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition  
NAME **KLAPP EDWARD JR**  
STREET ADDRESS **725 NORTH A1A, SUITE E-103**  
CITY-ST-ZIP **JUPITER - FL. 33477**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Edward D. Klapp Jr.* **KLAPP JR. 2-8-06 561-746-6868**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #