


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P04000149097	
1. Entity Name PANACEA ENTERPRISES OF SO. FL., INC.	

Principal Place of Business 20335 BISCAYNE BLVD STE L-38 MIAMI, FL 33180	Mailing Address 20335 BISCAYNE BLVD STE L-38 SUITE 1206 MIAMI, FL 33180
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DO NOT WRITE IN THIS SPACE



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number 81-2659231	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GURALNIK SAFAROFF, INNA
2101 SOUTH OCEAN DRIVE
SUITE 1206
HOLLYWOOD, FL 33019

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	D GURALNIK SAFAROFF, INNA 2101 SOUTH OCEAN DRIVE #1206 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP SVERDLOV, GINA 1467 MARINER WAY HOLLYWOOD, FL 33019
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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04/02/08-80046-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: IS **3/12/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #