

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000133154

Entity Name: PHARMA HEALTH PRODUCTS, INC.

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

160 SW 19TH RD.
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 490838
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAYAS, ARIEL
625 75TH ST., #3
MIAMI BCH, FL 33141 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: D () Delete
Name: KRAUSE, HUGO A
Address: 160 SW 19TH RD.
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: KRAUSE, KARINA S
Address: 160 SW 19TH RD.
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: DAZA, LUCAS
Address: 160 SW 19TH RD.
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: HUGO KRAUSE

PD

04/26/2006

Electronic Signature of Signing Officer or Director

Date