

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000045076

FILED
May 02, 2008
Secretary of State

Entity Name: PHARMACEUTICAL MARKETING ASSOCIATES INC

Current Principal Place of Business:

18951 SW 312 STREET
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

18951 SW 312 STREET
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 20-4598147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OLIVA, SONIA P
18951 SW 312 STREET
HOMESTEAD, FL 33030 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: OLIVA, SONIA
Address: 18951 SW 312 STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: V () Delete
Name: OLIVA, HECTOR L
Address: 18951 SW 312 STREET
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: OLIVA, MARIA RENEE
Address: 18951 SW 312 STREET
City-St-Zip: HOMESTEAD, FL 33030

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

I hereby certify that the information supplied with this filing does not qualify 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: MARIA OLIVA DEL CID

PS

05/02/2008

Electronic Signature of Signing Officer or Director

_____ Date