

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000075816

Entity Name: PHARMACENTER CORP.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

1820 NORTH CORPORATE LAKES BLVD
SUITE 303
WESTON, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

1820 NORTH CORPORATE LAKES BLVD
SUITE 303
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 20-5021420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESTREPO, DIEGO L ESQ.
396 ALHAMBRA CIRCLE
SUITE 210
CORAL GABLES, FL 33134 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: P () Delete
Name: ESCOBAR, JAIRO
Address: 1820 NORTH CORPORATE LAKES BLVD, # 303
City-St-Zip: WESTON, FL 33326 US

Title: S () Delete
Name: BORGES, LOURDES
Address: 1820 NORTH CORPORATE LAKES BLVD, # 303
City-St-Zip: WESTON, FL 33326 US

Title: T () Delete
Name: ORREGO, CESAR
Address: 1820 NORTH CORPORATE LAKES BLVD, # 303
City-St-Zip: WESTON, FL 33326 US

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 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: JAIRO ESCOBAR

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date