## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000111799

Entity Name: PHARMA-GENRX, INC

FILED Apr 22, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

6829 QUEENFERRY CIRCLE 4690 S UNIVERSITY DRIVE BOCA RATON, FL 33496

**DAVIE, FL 33328** 

**Current Mailing Address: New Mailing Address:** 

6829 QUEENFERRY CIRCLE 4690 S UNIVERSITY DRIVE

BOCA RATON, FL 33496 DAVIE, FL 33328

FEI Number: 20-5460949 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SACK, KENNETH J SACK, KENNETH J 6829 QUEENFERRY CIRCLE 4690 Ś UNIVERSITY DRIVE

BOCA RATON, FL 33496 DAVIE, FL 33328

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: KENNETH SACK 04/22/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition () Delete Title:

SACK, KENNETH SACK, KENNETH Name: Name: 6829 QUEENFERRY CIRCLE Address: 4690 S UNIVERSITY DRIVE Address:

City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: **DAVIE, FL 33328** 

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: KENNETH SACK 04/22/2009 D