

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000136141

Entity Name: PHARMA-MATE, INC.

**FILED**  
**Mar 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

18833 SAKERA ROAD  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

18833 SAKERA ROAD  
HUDSON, FL 34667

**New Mailing Address:**

FEI Number: 20-5777254

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EKREN, WAYNE K  
9330 REGENCY PARK BLVD.  
PORT RICHEY, FL 34668 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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: KO, MIKYUNG  
Address: 125 WOODCREEK DRIVE  
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: VP  
Name: KO, YOUNG  
Address: 125 WOODCREEK DRIVE  
City-St-Zip: SAFETY HARBOR, FL 34695 US

I hereby 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 all other like empowered.

SIGNATURE: YOUNG KO

VP

03/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date