

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000149093

Entity Name: PHOENIX PHARMACEUTICAL, INC.

FILED  
Feb 21, 2007  
Secretary of State

## Current Principal Place of Business:

6363 TAFT STREET  
SUITE 300A  
HOLLYWOOD, FL 33024

## New Principal Place of Business:

1084 SUNSET STRIP  
SUNRISE, FL 33313

## Current Mailing Address:

6363 TAFT STREET  
SUITE 300A  
HOLLYWOOD, FL 33024

## New Mailing Address:

FEI Number: 20-5979729      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROCHA, JOSE  
6363 TAFT STREET  
SUITE 300A  
HOLLYWOOD, FL 33024 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: ROCHA, JOSE  
Address: 6363 TAFT STREET, SUITE 300A  
City-St-Zip: HOLLYWOOD, FL 33024

Title: S ( ) Delete  
Name: DUBRAVETZ, JERRY  
Address: 6363 TAFT STREET, SUITE 300A  
City-St-Zip: HOLLYWOOD, FL 33024

Title: T ( ) Delete  
Name: DUBRAVETZ, RUDY  
Address: 6363 TAFT STREET, SUITE 300A  
City-St-Zip: HOLLYWOOD, FL 33024

Title: VP ( ) Delete  
Name: JONES, JEFFREY  
Address: 6363 TAFT STREET, SUITE 300A  
City-St-Zip: HOLLYWOOD, FL 33024

## 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:

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: JERRY DUBRAVETZ

SEC

02/21/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date