

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000023927

Entity Name: PHARM RESOURCE INC.

**FILED**  
**Apr 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4634 NW 27TH AVE  
MIAMI, FL 33147 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 561571  
MIAMI, FL 33156 US

**New Mailing Address:**

22418 SW 94 PATH  
CUTLER BAY, FL 33190 US

FEI Number: 20-8664255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OFOLETA, ACHINIKE L  
4634 NW 27TH AVE  
MIAMI, FL 33147 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: P  
Name: OFOLETA, ACHINIKE L  
Address: 22418 SW 94 PATH  
City-St-Zip: CUTLER BAY, FL 33190 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: ACHINIKE L.OFOLETA

MR

04/21/2012

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

\_\_\_\_\_  
Date