

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000009188

Entity Name: PHARM CATERING, INC

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

6422 COLLINS AVE
STE 1601
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

6422 COLLINS AVE
STE 1601
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 26-1840082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEJANDRO, D'ALBA
6422 COLLINS AVE
STE 1601
MIAMI BEACH, FL, FL 33141 US

Name and Address of New Registered Agent:

ALEJANDRO, D'ALBA
6422 COLLINS AVE
STE 1601
MIAMI BEACH, FL 33141 US

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:

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: D'ALBA, ALEJANDRO
Address: 6422 COLLINS AVE, STE 1601
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ALEJANDRO D'ALBA

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date