2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# P08000026971

Entity Name: PHARMAX RESEARCH CLINIC, INC.

Current Principal Place of Business:

7200 NW 7TH ST
STE 201
MIAMI, FL 33126

New Principal Place of Business:

7200 NW 7TH ST
STE 350
MIAMI, FL 33126 US

Current Mailing Address:

7200 NW 7TH ST
STE 201
MIAMI, FL 33126

New Mailing Address:

7200 NW 7TH ST
STE 350
MIAMI, FL 33126 US

FEI Number: 20-5821020 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERNANDEZ, ARMANDO G
7200 NW 7TH ST
STE 201
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

HERNANDEZ, ARMANDO G
7200 NW 7TH ST
STE 350
MIAMI, FL 33126 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: ARMANDO HERNANDEZ 04/20/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DC ( ) Delete
Name: ROUSSEAU, ROGER
Address: 7200 NW 7TH ST
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete
Name: HERNANDEZ, ISABEL
Address: 7200 NW 7TH ST
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete
Name: ACOSTA, GIRALDO
Address: 7200 NW 7TH ST
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete
Name: HERNANDEZ, ARMANDO G
Address: 7200 NW 7TH ST
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ROUSSEAU, ROGER MD
Address: 7200 NW 7TH ST. STE 350
City-St-Zip: MIAMI, FL 33126 US

Title: DC (X) Change ( ) Addition
Name: HERNANDEZ, ISABEL
Address: 7200 NW 7TH ST. STE 350
City-St-Zip: MIAMI, FL 33126 US

Title: D (X) Change ( ) Addition
Name: ACOSTA, GIRALDO
Address: 7200 NW 7TH ST. STE 350
City-St-Zip: MIAMI, FL 33126 US

Title: D (X) Change ( ) Addition
Name: HERNANDEZ, ARMANDO G
Address: 7200 NW 7TH ST. STE 350
City-St-Zip: MIAMI, FL 33126 US

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: ARMANDO HERNANDEZ DIR 04/20/2009
Electronic Signature of Signing Officer or Director Date