

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000094651

Entity Name: PHARM STUDIOS INC

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1981 NW 149TH STREET  
MIAMI, FL 33181

**New Principal Place of Business:**

1981 NW 149TH STREET  
MIAMI, FL 33181 UN

**Current Mailing Address:**

PO BOX 380338  
MIAMI, FL 33238

**New Mailing Address:**

FEI Number: 20-0212047

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WASHINGTON, KATREENA  
134 NE 83ST  
MIAMI, FL 33138 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: PIERRE, BARRY  
Address: 134 NE 83ST  
City-St-Zip: MIAMI, FL 33138 US

Title: TREA  
Name: BELIDOR, ARMOS  
Address: 13350 NW 10TH AVE  
City-St-Zip: NORTH MIAMI, FL 33168 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: BARRY PIERRE

P

05/01/2012

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

\_\_\_\_\_  
Date