

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000091077

Entity Name: PHARMAKING USA, CORP.

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

15610 SW 80 ST UNIT T107  
MIAMI, FL 33193

**New Principal Place of Business:**

**Current Mailing Address:**

15610 SW 80 ST UNIT T107  
MIAMI, FL 33193

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

TENORIO, KATUY  
15610 SW 80 ST UNIT T107  
MIAMI, FL 33193 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: TENORIO, KATUY  
Address: 15610 SW 80 ST UNIT T107  
City-St-Zip: MIAMI, FL 33193

Title: VP  
Name: APPLETON, JAMES  
Address: 15610 SW 80 ST UNIT T107  
City-St-Zip: MIAMI, FL 33193

Title: D  
Name: TENORIO, MAURICIO  
Address: 15610 SW 80 ST UNIT T107  
City-St-Zip: MIAMI, FL 33193

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: KATUY TENORIO

P

04/30/2012

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

\_\_\_\_\_  
Date