

**2005 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90065 042 \*\*\*150.00

<b>DOCUMENT #</b>	P95000016402
<b>1. Entity Name</b>	
PHARMOVISA INC.	

**DO NOT WRITE IN THIS SPACE**

20022609

<b>2. Principal Place of Business</b> 8465 SW 76 TERRACE		<b>3. Mailing Address</b> 8360 W FLAGLER STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FLORIDA	
Zip 33143	Country US	Zip 33144	Country US

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 65-0560716		<b>Applied For</b>
			<b>Not Applicable</b>
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
	<b>7. Name and Address of Current Registered Agent</b>		
	<b>Name</b> JOSE CARLOS MORALES <b>Street Address (P.O. Box Number is Not Acceptable)</b> 8465 SW 76 TERRACE <b>City</b> MIAMI <b>FL</b> <b>Zip Code</b> 33143		

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.
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<b>10. OFFICERS AND DIRECTORS</b>				<b>11.</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P MORALES, JOSE C 8465 SW 76 TERRACE MIAMI, FL 33143		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	S/T MORALES, ROSY L. 8465 SW 76 TERRACE MIAMI, FL 33143		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/08/05