2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000029708

FILED Feb 16, 2007 Secretary of State

Entity Name: HEALTHCARE PHARMACEUTICALS FLORIDA, INC.

Current Principal Place of Business:			New Principal Place of Business:	
3901 DAVI FT LAUDE	E BLVD. RDALE, FL 33312	US		
Current Mailing Address:			New Mailing Address:	
3901 DAVI FT LAUDE	E BLVD. RDALE, FL 33312	US		
El Number:	65-0584159 FE	I Number Applied For() FEI N	umber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
S27 SW 17 FORT LAU The above	IDERDALE, FL 33:	301 US	of changing its registere	ed office or registered agent, or both,
n the State	e of Florida.			
SIGNATUF				
	Electronic Si	gnature of Registered Agent		Date
Election Can	npaign Financing Trus	st Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: City-St-Zip:	PDT () Dele SHAW, TREVOR 836 SW 159TH WAY PENBROOKE PINES		Title: Name: Address: City-St-Zip:	() Change () Addition
Fitle: Name: Address: Dity-St-Zip:	VPS () Dele SHAW, BEULAH 836 SW 159TH WAY PEMBROOKE PINES		Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: SHAW, TREVOR PDT 02/16/2007