

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 02, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P95000052703**

**1. Entity Name  
PHARMAMED SERVICES GROUP, INC.**



**Principal Place of Business  
2853 EXECUTIVE PARK DR  
SUITE 202  
WESTON, FL 33331**

**Mailing Address  
PO BOX 266366  
WESTON, FL 33326**



01312007 No Chg-P CR2E034 (11/05)

**4. FEI Number  
65-0592563**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**GARCIA, BLANCA  
2853 EXECUTIVE PARK DR  
SUITE 202  
WESTON, FL 33331**

**DO NOT WRITE  
IN THIS SPACE**

**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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
FINOL, ANDRES  
2853 EXECUTIVE PARK DR, STE 202  
WESTON, FL 33331**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPS  
GARCIA, BLANCA  
2853 EXECUTIVE PARK DR, STE 202  
WESTON, FL 33331**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

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STREET ADDRESS  
CITY - ST - ZIP**

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NAME  
STREET ADDRESS  
CITY - ST - ZIP**

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04/06/07-80048-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/07

Date

Daytime Phone #