

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000057621

FILED
Jan 06, 2004
Secretary of State

Entity Name: PHARMACEUTICAL ADVISORS, INC.

Current Principal Place of Business:

1514 SW 149TH AVE
PEMBROKE PINES, FL 330272317

New Principal Place of Business:

Current Mailing Address:

1514 SW 149TH AVE
PEMBROKE PINES, FL 330272317

New Mailing Address:

FEI Number: 65-0596559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSKOVITZ, DAVID
1514 SW 149TH AVE
PEMBROKE PINES, FL 330272317 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: MOSKOVITZ, SANDRA
Address: 1514 SW 149TH AVE
City-St-Zip: PEMBROKE PINES, FL 330272317

Title: P () Delete
Name: MOSKOVITZ, DAVID
Address: 1514 SW 149TH AVE
City-St-Zip: PEMBROKE PINES, FL 330272317

Title: S () Delete
Name: MOSKOVITZ, DANIEL
Address: 1198 VENETIAN WAY #104
City-St-Zip: MIAMI, FL 33139

Title: T () Delete
Name: MOSKOVITZ, ROBERT
Address: 1920 N OAKHAVEN CIRCLE
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID MOSKOVITZ

PRES

01/06/2004

Electronic Signature of Signing Officer or Director

Date