

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90263 003 ***150.00

DOCUMENT # P95000065652

1. Entity Name
PHARMA 2000 DYNAMIC TRADE, INC.



Principal Place of Business
**9450 SUNSET DRIVE
SUITE 106
MIAMI, FL 33173**

Mailing Address
**4545 N.W. 7TH STREET
12
CORAL GABLES, FL 33126 US**

2. Principal Place of Business

3. Mailing Address

4545 NW 7th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12

01052005

Chg-P

CR2E034 (10/03)

City & State

City & State

MIAMI, FL

4. FEI Number

65-0605247

Applied For

Not Applicable

Zip

Country

Zip

Country

33126

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IZQUIERDO, NICOLAS D
7901 NORTH KENDALL DRIVE
MIAMI, FL 33156**
**700 Biltmore Way
#1008
Coral Gables
FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
IZQUIERDO, NICOLAS D
7901 NORTH KENDALL DRIVE
MIAMI, FL 33156**
**700 Biltmore Way
#1008
Coral Gables FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
IZQUIERDO, JORGE L
7901 NORTH KENDALL DRIVE
MIAMI, FL 33156**
**700 Biltmore Way
#1008
Coral Gables FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Coral Gables FL 33134

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **NICOLAS IZQUIERDO**

04/13/05

(305) 598 2209