

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90102 025 ***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 - No P.O. Box #

4545 N.W. 7 STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12

City & State

MIAMI FL

City & State

MIAMI

Zip

33126

Country

U.S.A

Zip

Country

4. FEI Number

65-0605247

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

IZQUIERDO, NICOLAS D
7901 NORTH KENDALL DRIVE
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

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

12921 S.CALUSA CLUB DR.

City

MIAMI

FL

Zip Code

33186

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

Nicolas D Izquierdo
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | PTD | <input type="checkbox"/> Delete |
| NAME | IZQUIERDO, NICOLAS D | |
| STREET ADDRESS | 700 BILTMORE WAY #1008 | |
| CITY- ST- ZIP | MIAMI FL 33134 | |
| TITLE | VSD | <input checked="" type="checkbox"/> Delete |
| NAME | IZQUIERDO, JORGE L | |
| STREET ADDRESS | 700 BILTMORE WAY #1008 | |
| CITY- ST- ZIP | MIAMI FL 33134 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 12921 S.CALUSA CLUB DR. | |
| CITY- ST- ZIP | MIAMI, FL 33186 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Nicolas D Izquierdo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 1 - 2007 305-442/1458

Date

Daytime Phone #