2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2004
Secretary of State

DOCUMENT# P96000007826

Entity Name: WORLD PHARMACEUTICAL MANAGEMENT, INC.

Current Principal Place of Business:

2100 E. HALLANDALE BEACH BLVD.
SUTIE 208
HALLANDALE, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

2100 E. HALLANDALE BEACH BLVD.
SUTIE 208
HALLANDALE, FL 33009 US

New Mailing Address:

FEI Number: 65-0635660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ-PARDO, HECTOR
2100 E. HALLANDALE BEACH BLVD.
SUITE 208
HALLANDALE, FL 33009 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: PD ( ) Delete
Name: LOPEZ-PARDO, HECTOR J
Address: 1549 SHORELINE WAY
City-St-Zip: HOLLYWOOD, FL

Title: D ( ) Delete
Name: LOPEZ, SUSANA M
Address: 1549 SHORELINE WAY
City-St-Zip: HOLLYWOOD, FL

Title: T ( ) Delete
Name: LOPEZ, ANDREA S
Address: 1549 SHORELINE WAY
City-St-Zip: HOLLYWOOD, FL

Title: DS ( ) Delete
Name: LOPEZ, IGNACIO
Address: 2100 E. HALLANDALE BEACH BLVD., SUITE 208
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: D ( ) Delete
Name: LOPEZ, PABLO E
Address: 2100 E. HALLANDALE BEACH BLVD., SUITE 208
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: D ( ) Delete
Name: LOPEZ, GUILLERMO H
Address: 2100 E. HALLANDALE BEACH BLVD., SUITE 208
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LOPEZ-PARDO, HECTOR J
Address: 1549 SHORELINE WAY
City-St-Zip: HOLLYWOOD, FL 33019

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

Title: T (X) Change ( ) Addition
Name: LOPEZ, ANDREA S
Address: 1549 SHORELINE WAY
City-St-Zip: HOLLYWOOD, FL 33019

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: HECTOR LOPEZ-PARDO PRES 01/10/2004
Electronic Signature of Signing Officer or Director Date