

ORATION

ANNU

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90008 008 ***150.00

DOCUMENT # P97000052166

1. Entity Name
PHARCOM, INC.



Principal Place of Business
7000 ISLAND BLVD
STE 212
AVENTURA, FL 33160 US

Mailing Address
7000 ISLAND BLVD
STE 212
AVENTURA, FL 33160 US

44003130



2. Principal Place of Business
7000 Island Blvd.

3. Mailing Address

08092004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.
212

Suite, Apt. #, etc.

City & State
Aventura fl

City & State

4. FEI Number
65-0764634

Applied For
Not Applicable

Zip
33160

Country

Zip

Country

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

JACKSON, WILLIAM L
3081 E COMMERCIAL BW S- 103
FORT LAUDERDALE, FL 33308

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PS
NAME ARANA, JOSE - Island Blvd.
STREET ADDRESS 7000 ISLAND BLVD STE 212
CITY-ST-ZIP AVENTURA, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE same
NAME same
STREET ADDRESS 7000 Island Blvd # 212
CITY-ST-ZIP same

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/1/04 3059321952