


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90021 001 ***150.00

DOCUMENT # P97000089936 1. Entity Name INTERNATIONAL PHARMACEUTICAL CORP.					
Principal Place of Business 2300 NORTH DIXIE HIGHWAY SUITE 203A BOCA RATON, FL 33431			Mailing Address 202 MIRASOL WAY MONTEREY, CA 93940-7639		
2. Principal Place of Business 1121 N.W. 10th street		3. Mailing Address Suite, Apt. #, etc.			
City & State BOCA RATON FL		City & State Suite, Apt. #, etc.		4. FEI Number 65-0788952	
Zip 33486		Country PALM BEACH		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRUTHI, SOM C 2300 N DIXIE HWY COURT STE 203A BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name PRUTHI, SOM C. Street Address (P.O. Box Number is Not Acceptable) 1121 N.W. 10th Street City BOCA RATON, FL Zip Code 33486		
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: <u><i>Som C. Pruthi</i></u> DATE: <u>2/20/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$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	PSTD PRUTHI, SOM C 2300 N DIXIE HWY STE 203A BOCA RATON, FL 33431 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1121 N.W. 10th Street BOCA RATON, FL 33486	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRUTHI, ASIT S 2300 N DIXIE HWY SUITE 203A BOCA RATON, FL 33431 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 202 MIRASOL WAY MONTEREY, CA 93940	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Som C. Pruthi</i></u> SOM C. PRUTHI DATE: <u>2/20/04</u> 831-933-0184 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					