


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2005 8:00 am**  
**Secretary of State**

07-13-2005 90020 028 \*\*\*158.75

<b>DOCUMENT # P99000021046</b>		
1. Entity Name <b>PHARMAGEN INTERNATIONAL, INC.</b>		

Principal Place of Business <b>6495 BRAVA WAY BOCA RATON, FL 33433</b>	Mailing Address <b>6495 BRAVA WAY BOCA RATON, FL 33433</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



08182005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>RIINA, JOSEPH 6495 BRAVA WAY BOCA RATON, FL 33433</b>		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
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CSCE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIINA, JOSEPH	NAME	
STREET ADDRESS	6495 BRAVA WAY	STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 33433	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: 	Date: <b>8/25/05</b>	Daytime Phone #: <b>631-594-1345</b>
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ATTACHMENT

6602651

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 18, 2005

PHARMAGEN INTERNATIONAL, INC.  
9 MOUNTAIN LAUREL LN.  
SOUTHAMPTON, NY 11968-5416

6495 BRAVA WAY  
BOCA RATON FL 33433

SUBJECT: PHARMAGEN INTERNATIONAL, INC.

Ref. Number: P99000021046

Pursuant to our telephone conversation of August 17, 2005, I am sending you a 2005 Annual Report form upon your request.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Eula Peterson  
Document Specialist

Letter Number: 205A00052757

Please excuse my not signing of the July form. Enclosed also find the cancelled check that Florida has deposited.

Thank you.  
Joseph Reina

ATTACHMENT

660206S 1

#P99000021046

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LHJ CONSULTANTS, INC.

6495 BRAVA WAY  
BOCA RATON, FL 33433

530051244 30

14018923

DATE 7/6/05

63-8655-2660

Pay to the order of

One State

of Florida

Dept of State

for deposit only

ACCT # 1009068765

DATE 7/6/05

AMOUNT \$57,500.00

PLACED BY [Signature]

INTERNAL [Signature]

CITIBANK

CITIBANK, F.S.B. BR. #81  
7400 WEST CAMINO REAL SUITE 130  
BOCA RATON, FL 33433

Joseph Reina

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07152005  
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BANK OF AMERICA-NA-JAX  
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DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT. # 1009068765  
JUL 13 2005