


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90020 036 ***150.00

DOCUMENT # P99000062947		
1. Entity Name GERMAN PHARMACEUTICAL CONSULTING, INC.		

Principal Place of Business 1313 MISSOURI AVE SOUTH CLEARWATER, FL 33756	Mailing Address 1313 MISSOURI AVE SOUTH CLEARWATER, FL 33756
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2. Principal Place of Business 1245 GLEN HEATHER DR.	3. Mailing Address 1245 GLEN HEATHER DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WANDERMERE, FL.	City & State WANDERMERE, FL.
Zip 34786	Zip 34786
Country US.	Country US.

01122004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3603599

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DEL MONTE, PAUL 1313 MISSOURI AVE SOUTH CLEARWATER, FL 33756	7. Name and Address of New Registered Agent Name VOLKER GALLICCHIO Street Address (P.O. Box Number is Not Acceptable) 1245 GLEN HEATHER DR. City WANDERMERE FL Zip Code 34786
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALLICCHIO, VOLKER 1313 MISSOURI AVE CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1245 GLEN HEATHER DR. WANDERMERE, FL. 34786 <input checked="" 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
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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: [Signature] **DATE:** 1/12/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR