

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000091784

Entity Name: PHARM-PACC CORPORATION**Current Principal Place of Business:**7800 SOUTH WEST 57TH AVE
SUITE 207E
MIAMI, FL 33143**Current Mailing Address:**7800 SOUTH WEST 57TH AVE
SUITE 207E
MIAMI, FL 33143 US**FEI Number:** 65-1049523**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DE MENDIA, CARLOS F
1120 SOUTH ALHAMBRA CIRCLE
CORAL GABLES, FL 33146 US*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

Officer/Director Detail :

Title	PD
Name	DE MENDIA, CARLOS F
Address	1120 SOUTH ALHAMBRA CIRCLE
City-State-Zip:	MIAMI FL 33146

Title	D
Name	PEREZ, MARCOS A
Address	1121 CRANDON BLVD D407
City-State-Zip:	KEY BISCAYNE FL 33149-1933

Title	SD
Name	DE MENDIA, IRMA A
Address	1120 S ALHAMBRA CIR
City-State-Zip:	CORAL GABLES FL 33146

Title	VPTD
Name	MENDIA BEAUPERTHUY, CRISTINA I
Address	6464 CABALLERO BLVD
City-State-Zip:	CORAL GABLES FL 33146

Title	D
Name	PEREZ, ROSA
Address	1121 CRANDON BLVD STE D407
City-State-Zip:	KEY BISCAYNE FL 33149

Title	VPD
Name	MENDIA, IRMA M
Address	9250 SW 88 TERR
City-State-Zip:	MIAMI FL 33176

I hereby 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 all other like empowered.

SIGNATURE: CARLOS DE MENDIA**PRESIDENT****01/21/2016**

Electronic Signature of Signing Officer/Director Detail

Date