

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000091784

Entity Name: PHARM-PACC CORPORATION**Current Principal Place of Business:**135 SAN LORENZO AVENUE
SUITE 730
CORAL GABLES, FL 33146**Current Mailing Address:**135 SAN LORENZO AVE
SUITE 730
MIAMI, FL 33146 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	444 VALENCIA
City-State-Zip:	CORAL GABLES FL 33134

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	9669 SW 69 CT
City-State-Zip:	MIAMI FL 33156

Title	VPD
Name	MENDIA, CARLOS G
Address	101 OCEAN LANE DRIVE APT 4017
City-State-Zip:	KEY BISCAYNE FL 33149

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: CRISTINA MENDIA BEAUPERTHUY**MANAGER****01/09/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date