

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000053140

**Entity Name:** PHOTOPHARMA CORP

**Current Principal Place of Business:**

1598 NW 82ND AVENUE  
DORAL, FL 33126

**Current Mailing Address:**

1598 NW 82ND AVENUE  
DORAL, FL 33126 US

**FEI Number:** 84-2482642

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ZAYAS, HECTOR E  
1925 BRICKELL AVENUE  
APT 1413  
MIAMI, FL 33129 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	P,T	Title	VP,S
Name	LOPEZ, JUAN J	Name	ZAYAS, HECTOR E
Address	1925 BRICKELL AVENUE APT 1413	Address	1925 BRICKELL AVENUE APT 1413
City-State-Zip:	MIAMI FL 33129	City-State-Zip:	MIAMI FL 33129

*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:** LOPEZ , JUAN J

**PRESIDENT**

**04/04/2020**

Electronic Signature of Signing Officer/Director Detail

Date