## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 612657** 

Entity Name: ELSA PHARMACY, INC.

FILED Apr 28, 2008 Secretary of State

Littly Na	ille. ELOAF	HARIMACT, INC.		
Current Principal Place of Business:			New Principal Place of Business:	
	H STREET FL 33013	US		
Current Mailing Address:			New Mailing Address:	
	H STREET FL 33013	US		
FEI Number	: 59-1893638	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
MIAMI, FL	69TH COUR 33156 US	8		
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
SIGNATU	RE:			
	Electro	onic Signature of Registered Age	ent	Date
Election Car	mpaign Financi	ng Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TD ( SOLER, ELS/ 555 E. 25TH : HIALEAH, FL	ST.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	P ( SOLER, LUCI 4198 W 7TH HIALEAH, FL	LANE	Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ELSA SOLER TD 04/28/2008