2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2004
Secretary of State

DOCUMENT# H98934

Entity Name: SYLVESTRE PHARMACY CORP.

Current Principal Place of Business:

1268 PALM AVE
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

17530 N.W. 85TH AVE
MIAMI, FL 33015

New Mailing Address:

FEI Number: 59-2696617 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODRIGUEZ, LILIA
17530 NW 85 AVE
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RODRIGUEZ, LILIA
Address: 17530 N.W. 85 AVE.
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete
Name: RODRIGUEZ, IVONNE
Address: 17530 NW 85 AVE
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: IVONNE RODRIGUEZ D 01/25/2004

Electronic Signature of Signing Officer or Director Date