2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K25781

Title:

Name: Address:

City-St-Zip:

FILED Mar 20, 2009 Secretary of State

,						
Entity Name: HYPERDRUGS ENTERPRISES, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
6410 NW 186 ST						
MIAMI LAK	ES, FL 33015					
Current Mailing Address:				New Mailing Address:		
Current Manning Address.				New Mailing Address.		
6303 BLUE LAGOON DRIVE				6505 BLUE LAGOON DRIVE		
SUITE 390 MIAMI, FL 331266005				SUITE 130 MIAMI, FL 331266041 US		
FEI Number:	65-0054908	FEI Number Applied For ()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
MARQUEZ & MARCELO-ROBAINA, PA MARQUEZ & MARCELO-ROBAINA, PA						
6303 BLUE LAGOON DRIVE				6505 BLUE LAGOON DRIVE		
SUITE 390				SUITE 130		
MIAMI, FL 331266005 US MIAMI, FL 331266041 US						
The above in the State	named entity:	submits this statement for the p	ourpose of	f changing its registere	d office or registered agent, or both,	
SIGNATURE: MAGDA MARCELO-ROBAINA				03/20/2009		
Electronic Signature of Registered Agent					Date	
Election Can	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	COB () Delete		Title:	() Change () Addition	
Name:	GUERRA, ARM			Name:	() Change () / Maillion	
Address:	9475 JOURNE	Y'S END RD		Address:		
City-St-Zip:	CORAL GABLE	S, FL 33156		City-St-Zip:		
Title:	VPD () Delete		Title:	() Change () Addition	
Name:	DIAZ, JOSE F			Name:		
Address:				Address:		
City-St-Zip:	City-St-Zip: MIAMI, FL 331763056			City-St-Zip:		
Title:	DS ()) Delete		Title:	() Change () Addition	
Name:	GUERRA, ALBI			Name:		
Address:	241 CAPE FLO			Address:		
City-St-Zip:	KEY BISCAYNI	E, FL 33149		City-St-Zip:		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LEONCIO CUERVO P 03/20/2009

() Delete

FORT LAUDERDALE, FL 33323

CUERVO, LEONCIO

13092 NW 11 CT.

() Change () Addition