

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000007036

FILED
Apr 16, 2009
Secretary of State

Entity Name: MILAGROS PHARMACY CORPORATION

Current Principal Place of Business:

302 SW 12 AVE
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

302 SW 12 AVE
MIAMI, FL 33130

New Mailing Address:

FEI Number: 65-0979807 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAMORA, JOSE B
12659 NW 99 PLACE
HIALEAH GARDENS, FL 33018 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: PD () Delete
Name: MARTIN, DORIS
Address: 7216 W 34 COURT
City-St-Zip: HIALEAH, FL 33018

Title: TD () Delete
Name: MARTIN, MARIA A
Address: 12659 NW 99 PLACE
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: SD () Delete
Name: ZAMORA, JOSE B
Address: 12659 NW 99 PLACE
City-St-Zip: HIALEAH GARDENS, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: DORIS MARTIN

_____ Electronic Signature of Signing Officer or Director

P

04/16/2009

_____ Date