## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000042047

Entity Name: KINGS PHARMACY, INC.

PARKLAND, FL 33076

City-St-Zip:

Apr 12, 2005 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 2814 N UNIVERSITY DR CORAL SPRINGS, FL 33065 **Current Mailing Address: New Mailing Address:** 6614 NORTHWEST 99TH AVENUE PARKLAND, FL 33076 FEI Number: 65-1100468 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: SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENÚE CORAL GABLES, FL 33134 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD ( ) Delete () Change () Addition WOLMAN, DAVID S Name: Name: 6614 NORTHWEST 99TH AVENUE Address: Address: City-St-Zip: PARKLAND, FL 33076 City-St-Zip: Title: VTD () Delete Title: () Change () Addition Name: WOLMAN, KIM Y Name: Address: 6614 NORTHWEST 99TH AVENUE 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 Statutés. 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: [	DAVID WOLMAN	PRES	04/12/2005