


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000026053**  
1. Entity Name  
**BJS PHARMACY, INC.**



Principal Place of Business      Mailing Address  
331 EAST ATLANTIC AVE.      331 EAST ATLANTIC AVE.  
DELRAY BEACH, FL 33483      DELRAY BEACH, FL 33483

**DO NOT WRITE IN THIS SPACE**



01072004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0571071**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**FEINBERG, JEFFREY**  
**4651 SHERIDAN ST.**  
**SUITE 300**  
**HOLLYWOOD, FL 33021**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE      Signature, typed or printed name of registered agent and file if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

100000099494  
03/31/04-80008-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE      D  
NAME      YACHBES, BART  
STREET ADDRESS      331 E ATLANTIC AVE  
CITY - ST - ZIP      DELRAY BEACH, FL 33483

TITLE      D  
NAME      ROSNER, CHARLES  
STREET ADDRESS      15645 COLLINS AVE. APT. 406  
CITY - ST - ZIP      MIAMI BEACH, FL 33160

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Director BART L YACHBES      3/31/04      561-276-6177  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #