

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H98934

**Entity Name:** SYLVESTRE PHARMACY CORP.

**Current Principal Place of Business:**

1268 PALM AVE  
HIALEAH, FL 33010

**Current Mailing Address:**

1268 PALM AVE  
HIALEAH, FL 33010

**FEI Number:** 59-2696617

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RODRIGUEZ, LILIA  
1268 PALM AVE  
MIAMI, FL 33010 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

**Officer/Director Detail :**

Title	P	Title	VP
Name	RODRIGUEZ, LILIA	Name	RODRIGUEZ, IVONNE
Address	1268 PALM AVE	Address	1268 PALM AVE
City-State-Zip:	HIALEAH FL 33010	City-State-Zip:	HIALEAH FL 33010
Title	DIRECTOR		
Name	RODRIGUEZ, ARMANDO		
Address	1268 PALM AVE		
City-State-Zip:	HIALEAH FL 33010		

*I hereby 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 all other like empowered.*

**SIGNATURE:** LILIA RODRIGUEZ

**PRESIDENT**

**03/20/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date