

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000011524

**Entity Name:** SHAN PHARMACY CORP

**Current Principal Place of Business:**

5143 SW 8TH ST  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P O BOX 655032  
MIAMI, FL 33265 US

**FEI Number:** 83-3536301

**Certificate of Status Desired:** No

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

GIL, RAISEL  
526 NW 57 AVE  
SUITE A  
MIAMI, FL 33126 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  
Name GIL, RAISEL  
Address 526 NW 57 AVE, SUITE A  
City-State-Zip: MIAMI FL 33126

*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:** RAISEL GIL

P

03/30/2020

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

\_\_\_\_\_  
Date