

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000002013

Entity Name: CASTLETON PHARMACY CORP.**Current Principal Place of Business:**252 PORT RICHMOND AVE
STATEN ISLAND, NY 10302**Current Mailing Address:**826 FOREST AVE
STATEN ISLAND, NY 10310 US**FEI Number:** 26-0711819**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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	DIRECTOR
Name	NATENZON, BORIS
Address	826 FOREST AVE.
City-State-Zip:	STATEN ISLAND NY 10310

Title	PRESIDENT
Name	NATENZON, BORIS
Address	826 FOREST AVE.
City-State-Zip:	STATEN ISLAND NY 10310

Title	SECRETARY
Name	GLEZERMAN, BERNARD
Address	826 FOREST AVE
City-State-Zip:	STATEN ISLAND NY 10310

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: BORIS NATENZON

PRESIDENT

04/23/2020

Electronic Signature of Signing Officer/Director Detail_____
Date