
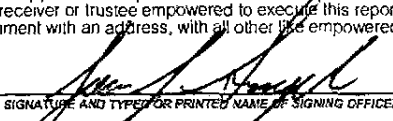


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

| | | |
|--|--|--|
| DOCUMENT # 018323 1. Entity Name FLORIDA DRUG, INC. | |  |
| Principal Place of Business 5880 S.W. 91 STREET MIAMI, FL 33156 | Mailing Address 5880 S.W. 91 STREET MIAMI, FL 33156 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent CORPCO, INC. 2699 S. BAYSHORE DRIVE 7TH FLOOR MIAMI, FL 33133 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SMYRLES, JAMES J. 5880 S.W. 91 STREET MIAMI, FL 33156 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMYRLES, VIRGINIA 5880 S.W. 91 STREET MIAMI, FL 33156 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 fees empowered. | | |
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 11/19/06 305-804 4431 <small>Date Daytime Phone #</small> |



01162006 No Chg-P CR2E034 (11/05)

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|--|-------------------------------|
| 4. FEI Number 59-0613870 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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01/26/06-80044-024 150.00

**DO NOT WRITE
IN THIS SPACE**