
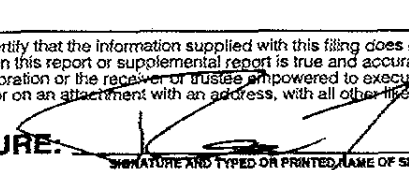


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 214603		
1. Entity Name MIAMI INTERNATIONAL AIRPORT PHARMACY, INC.		
Principal Place of Business P.O. BOX 996070 MIAMI INTERNATIONAL AIRPORT MIAMI, FL 33299		Mailing Address P.O. BOX 996070 MIAMI INTERNATIONAL AIRPORT MIAMI, FL 33299
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TURNER, SALOMON 6701 NW 7TH STREET, #125 MIAMI, FL 33126		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 TURNER, ROSA 6701 NW 7TH STREET #125 MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 exemption stated in Section 119.07(3)(f), 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 life empowered.		
SIGNATURE:  ROSALINA TURNER		3/10/04 305-266-9000 Date Daytime Phone #



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0859684	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

1100000094407
03/22/04-80059-002 150.00

**DO NOT WRITE
IN THIS SPACE**