


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 214603**  
 1. Entity Name  
**MIAMI INTERNATIONAL AIRPORT PHARMACY, INC.**



Principal Place of Business      Mailing Address  
 P.O. BOX 996070      P.O. BOX 996070  
 MIAMI INTERNATIONAL AIRPORT      MIAMI INTERNATIONAL AIRPORT  
 MIAMI, FL 33299      MIAMI, FL 33299

**DO NOT WRITE IN THIS SPACE**



01042007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-0859684**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 TERNER, SALOMON  
 6950 N.W. 77 COURT6  
 MIAMI, FL 33166

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

000000610234  
 02/02/07-80012-020 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	TERNER, ROSA
STREET ADDRESS	6950 N.W. 77 COURT
CITY-ST-ZIP	MIAMI, FL 33166
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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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 like empowered.

**SIGNATURE:**  **ROSA n Terner**    1/16/07    305-876-0556  
Signature and Typed or Printed Name of Signing Officer or Director      Date      Daytime Phone #