

**2008 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**FILED**

2008 MAR 20 AM 10:13


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01172008 Chg-P CR2E034 (12/06)

**DOCUMENT # 214603**

1. Entity Name  
**MIAMI INTERNATIONAL AIRPORT PHARMACY, INC.**



Principal Place of Business  
**MIAMI INT. AIRPORT CONCOURSE F  
MIAMI INTERNATIONAL AIRPORT  
MIAMI, FL 33122**

Mailing Address  
**P.O. BOX 996070  
MIAMI INTERNATIONAL AIRPORT  
MIAMI, FL 33299**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
**59-0859684**

Applied For  
 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 COURT  
MIAMI, FL 33166**

**7. Name and Address of New Registered Agent**

Name **BIJOUX TERNER LLC**

Street Address (P.O. Box Number if Not Acceptable)  
**6950 NW 77th COURT**

City **MIAMI** FL Zip Code **33166**

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 *Schuck* DATE **2/22/08**

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

**Amended AR is \$81.25**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P TERNER, ROSA 6950 N.W. 77 COURT MIAMI, FL 33166</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LEONOR E. SCHUCK 6950, NW 77th court MIAMI, FL 33166</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**400120918604  
03/21/08--01011--008 \*\*\$61.25**

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: *Schuck* DATE: **2/22/08** DAYTIME PHONE: **305-500-7500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR