

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 217224

Entity Name: PARK SHORE DRUG INC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

9531 NE 2ND AVE
MIAMI SHORES, FL 33138 US

New Principal Place of Business:

Current Mailing Address:

9531 NE 2ND AVE
MIAMI SHORES, FL 33138 US

New Mailing Address:

FEI Number: 59-0870901 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPRECHMAN, HOWARD
9531 NE 2ND AVE
MIAMI SHORES, FL 33138 US

Name and Address of New Registered Agent:

GILLIS, ROBERT
9531 NE 2ND AVE
MIAMI SHORES, FL 33138 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: ROBERT GILLIS

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: SPRECHMAN, ELLEN TREAS
Address: 9531 NE 2 AVE
City-St-Zip: MIAMI, FL 33138

Title: PD () Delete
Name: SPRECHMAN, HOWARD PRES
Address: 9531 NE 2 AVE
City-St-Zip: MIAMI, FL 33138

Title: DV () Delete
Name: GILLIS, ROBERT VP
Address: 9531 NE 2 AVE
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SPRECHMAN, HOWARD VP
Address: 9531 NE 2 AVE
City-St-Zip: MIAMI, FL 33138

Title: PD (X) Change () Addition
Name: GILLIS, ROBERT P
Address: 9531 NE 2 AVE
City-St-Zip: MIAMI, FL 33138

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT GILLIS

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date