## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED**

ANNOALILION				,			
DOCUMENT # 316213  1. Entity Name RELIABLE SUPER DRUGS, INC.			Secretary of State				
Principal Place of 2168 NE 123 ST N MIAMI, FL 331	Τ 7	ailing Address 168 NE 123 ST I MIAMI, FL 33181 US		 	er fo <b>urin b</b> ollen kl <b>ube</b> a lennoù d'ec	N(88)	11 NO 251 <b>8</b> 24110 PY 17 5 PM2
DO NOT WRITE IN THIS SPA			CE	01042005 4. FEI Numb 59-119		CR2E034 (	
6. Name and Address of Current Registered Agent  AUTERA, SALVATORE 2168 NE 123RD STREET 2168 NE 123 ST N MIAMI, FL 33181					NOT W		, .
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 Florid - Lam familiar with and accept the obligations of registered agent.  SIGNATURE  Signature inprove printed name of registered agent and trie if applicable (NOTE Registered Agent signature (c)), red when remaining DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.							
STREET ADDRESS 18 CITY-ST-ZIP PE FITLE T NAME AL STREET ADDRESS 18	UTERA, SALVATORE 351 NW 167TH AVE EMBROKE PINES, FL 33128	TORS			U0000018 01/24/05-80	37227 3004-014	150.00
TITLE NAME STREET ADDRESS CITY ST ZIF TITLE NAME STREET ADDRESS CITY-ST-ZIP				-	NOT W THIS SF		
TITLE NAME STREET APPEALS CITY ST. ZIP TITLE NAME STREET ADDRESS							

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), 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 it changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: X Schule Chuten SALVHTOKE ME SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9417-05

3252-893-5252

Daytime Phone #