

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90399 046 ***150.00

DOCUMENT # 340311

1. Entity Name
GORDON PLANTATION DRUGS INC



Principal Place of Business
**4330 W BROWARD BLVD
PLANTATION, FL 33317**

Mailing Address
**4330 W BROWARD BLVD
PLANTATION, FL 33317**

44030505



03122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1229794

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CLAUSELL, ELIZABETH
4330 W BROWARD BLVD
PLANTATION, FL 33317**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME	C KAZMIR, MUNIR DR
STREET ADDRESS	345 GRAND AVE
CITY-ST-ZIP	LEONIA, NJ 07605
TITLE NAME	P BACCHI, ANTHONY DR
STREET ADDRESS	825 EAST GATE BLVD
CITY-ST-ZIP	GARDEN CITY, NY 11530
TITLE NAME	VP FARBENBLUM, MARTIN
STREET ADDRESS	825 EAST GATE BLVD
CITY-ST-ZIP	GARDEN CITY, NY 11530
TITLE NAME	D CLAUSELL, ELIZABETH
STREET ADDRESS	4330 W BROWARD BLVD
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Elizabeth Clause*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/15/04 X 954-887-2211
Date Daytime Phone #