

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 354441

FILED  
Sep 20, 2012  
Secretary of State

**Entity Name:** POST HASTE PHARMACY, INC.

**Current Principal Place of Business:**

4401 SHERIDAN STREET  
HOLLYWWOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

4401 SHERIDAN STREET  
HOLLYWWOD, FL 330213513

**New Mailing Address:**

FEI Number: 59-1290065

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FISHMAN, ROBERT  
2814 N. 46TH AVE.  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: FISHMAN, ROBERT  
Address: 4401 SHERIDAN ST  
City-St-Zip: HOLLYWOOD, FL 33021

Title: T  
Name: FISHMAN, GREGG  
Address: 4401 SHERIDAN ST  
City-St-Zip: HOLLYWOOD, FL 33021

I hereby 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 all other like empowered.

SIGNATURE: ROBERT FISHMAN

STD

09/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date