

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 388885

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

**Entity Name:** ARIGUANABO PHARMACY, INC.

**Current Principal Place of Business:**

5755 W FLAGLER ST #110  
MIAMI, FL 33144

**New Principal Place of Business:**

5755 W FLAGLER STREET  
#110  
MIAMI, FL 33144

**Current Mailing Address:**

5755 W FLAGLER ST #110  
MIAMI, FL 33144

**New Mailing Address:**

5755 W FLAGLER STREET  
#110  
MIAMI, FL 33144

**FEI Number:** 59-1440533

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ESPINEL, SONIA  
2030 S DOUGLAS RD  
APT #511  
CORAL GABLES, FL 33134 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: PST  
Name: ESPINEL, SONIA  
Address: 2030 S DOUGLAS RD APT #511  
City-St-Zip: CORAL GABLES, FL 33134

Title: VPT  
Name: ESPINEL, SONIA  
Address: 2030 S DOUGLAS RD APT #511  
City-St-Zip: CORAL GABLES, FL 33134

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: SONIA ESPINEL

PST

03/07/2011

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

\_\_\_\_\_  
Date