

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 462142

FILED
Nov 09, 2009
Secretary of State**Entity Name:** MALECON PHARMACY, INC.**Current Principal Place of Business:**5966 W. 16TH AVENUE
HIALEAH, FL 33012**New Principal Place of Business:****Current Mailing Address:**5966 W. 16TH AVENUE
HIALEAH, FL 33012**New Mailing Address:****FEI Number:** 59-1566485**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BOGACHEK, BORIS
5966 W. 16TH AVE
HLH, FL 33012 US**Name and Address of New Registered Agent:**SOLOVYEV, ANDREY
5966 W. 16TH AVE
HLH, FL 33012 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: ANDREY SOLOVYEV

11/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOGACHEK, MICHAEL
Address: 5966 W 16TH AVE.
City-St-Zip: HIALEAH, FL 33012

Title: STD () Delete
Name: SOLOVYEV, ANDREY
Address: 5966 W 16TH AVE.
City-St-Zip: HIALEAH, FL 33012

Title: V () Delete
Name: REDONDO, GASTON
Address: 5966 W 16TH AVE.
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SOLOVYEV, ANDREY
Address: 5966 W 16TH AVE.
City-St-Zip: HIALEAH, FL 33012

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

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

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: ANDREY SOLOVYEV

PD

11/09/2009

Electronic Signature of Signing Officer or Director

Date