

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 522670

1. Entity Name
REDONDO PHARMACY INC.



Principal Place of Business
**19533 NW 57TH AVENUE
MIAMI, FL 33055**

Mailing Address
**19533 NW 57TH AVENUE
MIAMI, FL 33055**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1566485

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GILBERTO D. REDONDO
19533 N.W. 57 AVE
MIAMI, FL 33055**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**1100000518970
05/02/06-00034-007 158.75**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
REDONDO, GILBERTO
19533 NW 57TH AVE.
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
REDONDO, GASTON
19533 NW 57TH AVE.
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
LOPEZ, ANA
19533 N.W. 57TH AVE.
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained 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 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: *Gilberto Redondo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06 305-625-0225

Date

Daytime Phone