
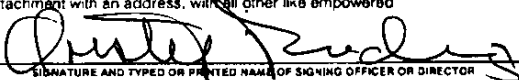


FILED
May 08, 2007 8:00 am
Secretary of State

04-20-2007 90093 012 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 554088 1. Entity Name NICANOR PHARMACY, INC.					
Principal Place of Business 1003 WEST FLAGLER ST MIAMI, FL 33130-1031		Mailing Address 1003 WEST FLAGLER ST MIAMI, FL 33130-1031			
DO NOT WRITE IN THIS SPACE					
				01222007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1779451		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, ORESTES 2401 COLLINS AVE, #810 MIAMI BEACH, FL 33140				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PST RODRIGUEZ, ORESTES 2401 COLLINS AVE #810 MIAMI BEACH, FL			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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: 		5-4-07		305-3245020	
DATE OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					

ORESTES RODRIGUEZ, PRESIDENT