2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2004
Secretary of State

DOCUMENT# 567404

Entity Name: COLONIAL GARDENS PHARMACY, INC.

Current Principal Place of Business:

1960 N.E. 45TH ST.
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

960 EAST CYPRESS CREEK ROAD
FT. LAUDERDALE, FL 33334

Current Mailing Address:

1960 N.E. 45TH ST.
FT. LAUDERDALE, FL 33308

New Mailing Address:

960 EAST CYPRESS CREEK ROAD
FT. LAUDERDALE, FL 33334

FEI Number: 59-1805282 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WINGER, J MARK
1960 N.E. 45TH ST.
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

WINGER-FRANCIS, AMY MARIE
960 EAST CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33334 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: AMY MARIE WINGER-FRANCIS 04/03/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WINGER, MARK,
Address: 1960 N.E. 45TH ST.
City-St-Zip: FT. LAUDERDALE, FL

Title: STD ( ) Delete
Name: WINGER, MARY KRISTIN, A
Address: 1960 N.E. 45TH ST.
City-St-Zip: FT. LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WINGER-FRANCIS, AMY, MARIE
Address: 960 EAST CYPRESS CREEK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: STD (X) Change ( ) Addition
Name: WINGER, MARY KRISTIN, A
Address: 960 EAST CYPRESS CREEK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARY KRISTINA WINGER STD 04/03/2004
Electronic Signature of Signing Officer or Director Date