

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 651964

Entity Name: H. E. FARMACIA, INC.

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

692 WEST 29 STREET #1  
HIALEAH, FL 330125620

**New Principal Place of Business:**

**Current Mailing Address:**

692 WEST 29 STREET #1  
HIALEAH, FL 330125620

**New Mailing Address:**

FEI Number: 59-1956028

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ESPINOSA, HORACIO  
535 WEST 3 AVENUE  
HIALEAH, FL 33010 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ESPINOSA, HORACIO  
Address: 1535 W 3RD AVE  
City-St-Zip: HIALEAH, L., 33010

Title: D  
Name: ESPINOSA, MARGARITA  
Address: 1535 W 3RD AVE  
City-St-Zip: HIALEAH, FL 33010

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: HORACIO ESPINOSA

D

04/22/2010

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

\_\_\_\_\_  
Date