FILED
May 05, 2008 8:00 am
Secretary of State
04-10-2008 90019 031 *****8.75
05-05-2008 90267 009 ***141.25

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 662174

1. Entity Name
FEMY DRUG CORPORATION

40

Principal Place of Business	Mailing Address
9884 SW 40 ST MIAMI FL 33165	9884 SW 40 ST MIAMI FL 33165

2. Principal Place of Business - No P.O. Box #
3. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-2006550 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTRO, ORESTES
9884 SW 40 ST
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CASTRO, ORESTE	NAME	
STREET ADDRESS	3391 SW 132ND AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, YANET	NAME	
STREET ADDRESS	3391 SW 132ND AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CASTRO, ANGEL	NAME	
STREET ADDRESS	20918 SW 89 PATH	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33189	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	VD ☐ Change ☒ Addition
NAME		NAME	CASTRO, ORESTE M.
STREET ADDRESS		STREET ADDRESS	6360 SW 139 AVE
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI FL 33183
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X ______ 02/15/08 (305) 221-4711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #