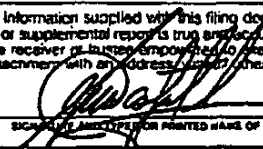


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2008 8:00 am
Secretary of State

04-10-2008 90019 031 *****8.75
05-05-2008 90267 009 ***141.25

DOCUMENT # 662174					
1. Entity Name FEMY DRUG CORPORATION					
Principal Place of Business 9884 SW 40 ST MIAMI FL 33165			Mailing Address 9884 SW 40 ST MIAMI FL 33165		
2. Principal Place of Business - My P.O. Box #			3. Mailing Address		
Sutur, Apt. #, etc.			Sutur, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2006550	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				58.75 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	☐ Change ☒ Addition		
NAME		NAME	VD CASTRO, ORESTE M.		
STREET ADDRESS		STREET ADDRESS	2360 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, name, or other line empowered.					
SIGNATURE: 			02/5/08 (205) 221-4711		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					