2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# 662174

Entity Name: FEMY DRUG CORPORATION

Current Principal Place of Business:

9884 SW 40 ST
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

9884 SW 40 ST
MIAMI, FL 33165

New Mailing Address:

FEI Number: 59-2006550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTRO, ORESTES
9884 SW 40 ST
MIAMI, FL 33165 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: PTD ( ) Delete
Name: CASTRO, ORESTE
Address: 3391 SW 132ND AVE.
City-St-Zip: MIAMI, FL 33175

Title: VD ( ) Delete
Name: RODRIGUEZ, YANET
Address: 3391 SW 132ND AVE.
City-St-Zip: MIAMI, FL 33175

Title: SD ( ) Delete
Name: CASTRO, ANGEL
Address: 20918 SW 89 PATH
City-St-Zip: MIAMI, FL 33189

Title: VD ( ) Delete
Name: OREZTE, CASTRO M
Address: 6360 SW 139 AVE.
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: ORESTES, CASTRO M
Address: 6360 SW 139 AVE.
City-St-Zip: MIAMI, FL 33183

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANGEL CASTRO SD 04/17/2009

Electronic Signature of Signing Officer or Director — Date