

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745622

FILED
May 11, 2006
Secretary of State

Entity Name: INTER-AMERICAN PHARMACISTS ASSOCIATION, INC.

Current Principal Place of Business:

14217 SW 45TH ST
MIAMI, FL 33175 US

New Principal Place of Business:

Current Mailing Address:

14217 SW 45TH ST
MIAMI, FL 33175 US

New Mailing Address:

FEI Number: 65-0127292 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GALLO, RAUL
12830 S.W. 116TH ST.
MIAMI, FL 33186 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

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: GALLO, RAUL I
Address: 12830 S.W. 80 AVE.
City-St-Zip: MIAMI, FL 33186

Title: SD () Delete
Name: GONZALEZ-ABREU, MAYRA
Address: 12209 S.W. 14 LANE #1204
City-St-Zip: MIAMI, FL 33184

Title: MD () Delete
Name: HAYES, CARL R
Address: 16630 SW 80TH AVE
City-St-Zip: MIAMI, FL 33157

Title: TD () Delete
Name: DE LA HUERTA, ANA
Address: 10900 S.W. 106 AVE.
City-St-Zip: MIAMI, FL 33156

Title: PD () Delete
Name: MARTINEZ, HUMBERTO S
Address: 14217 S.W. 45TH ST.
City-St-Zip: MIAMI, FL 33175

Title: VD () Delete
Name: DIAZ, ARTURO
Address: 5501 SW 89TH AVE
City-St-Zip: MIAMI, FL 33165

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUMBERTO S. MARTINEZ

PD

05/11/2006

Electronic Signature of Signing Officer or Director

Date