2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745622

FILED May 15, 2007 Secretary of State

Entity Name: INTER-AMERICAN PHARMACISTS ASSOCIATION, INC.

New Principal Place of Business: Current Principal Place of Business: 14217 SW 45TH ST MIAMI, FL 33175 **Current Mailing Address: New Mailing Address:** 14217 SW 45TH ST MIAMI, FL 33175 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: Name and Address of New Registered Agent: GALLO, RAUL 12830 S.W. 116TH ST. MIAMI, FL 33186 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition GALLO, RAUL I GALLO, RAUL I Name: Name: 12830 S.W. 80 AVE. Address: 12830 S.W. 80 AVE. Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186 Title: SD Title: () Delete () Change () Addition GONZALEZ-ABREU, MAYRA Name: Name: Address: 12209 S.W. 14 LANE #1204 Address: City-St-Zip: MIAMI, FL 33184 City-St-Zip: Title: MD () Delete Title: (X) Change () Addition HAYES, CARL R Name: HAYES, CARL R Name: 16630 SW 80TH AVE 16630 SW 80TH AVE Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33157 Title: TD () Delete Title: () Change () Addition DE LA HUERTA, ANA Name: Name: Address: 10900 S.W. 106 AVE. Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: Title: PD () Delete Title: CD (X) Change () Addition MARTINEZ, HUMBERTO S MARTINEZ, HUMBERTO S Name: Name:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

14217 S.W. 45TH ST.

(X) Change () Addition

MIAMI, FL 33175

DIAZ ARTURO

5501 SW 89TH AVE

MIAMI, FL 33165

SIGNATURE: HUMBERTO MARTINEZ CD 05/15/2007

14217 S.W. 45TH ST.

() Delete

MIAMI, FL 33175

DIAZ. ARTURO

5501 SW 89TH AVE

MIAMI, FL 33165

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip: