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LAZARUS CORPORATE FILING SERVICE

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Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Certified Copy Pick up time Mail out Photocopy Certificate of Status Will wait **NEW FILINGS** <u>AMENDMENTS</u> **Profit** Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report Foreign **Fictitious Name** Limited Partnership Reinstatement Trademark Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 8, 2006

LAZARUS

SUBJECT: FARMACIA B-12, INC. Ref. Number: W06000053088

OT HAR -2 AN IO: 58

We have received your document for FARMACIA B-12, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please complete article 2, Florida is incorrect. Also, the certificate you submitted is not correct. It states at the bottom of the cert. that if you need to see if such reports have been filed you must request a certificate of good stading.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Document Specialist
New Filing Section

Letter Number: 606A00070288



March 5, 2007

LAZARUS

SUBJECT: FARMACIA B-12, INC. Ref. Number: W06000053088

We have received your document for FARMACIA B-12, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please complete article 2, Florida is incorrect.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Letter Number: 606A00070288

Becky McKnight Document Specialist New Filing Section

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) **PURTO RICO** (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4648 Sw 74 AYE Access FL 33/55 (Principal office address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: **DALIA** **PROPRATION,** "Corp.," "Corp.," "Inc.," "Corp.," or "Corp.") **COMPANY," "CORPORATION," "Corp.," "Corp.," "Inc.," "Corp.," or "Corp.") **COMPANY," "Corp.," or "Corp.") **COMPANY," "Corp.," or "Corp.		UCIA B-12 IU		
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty hiability) (Principal office address) (Principal office address) (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name: Dalia Layins	(Enter name of corporation," "Co.," "Corp."	ration; must include "INCORPORATE! "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"	,
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty hiability) (Principal office address) (Principal office address) (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name: Dalia Layins				
(Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4648 Sw 74 Aye faces FL 33155 (Principal office address) SAME AS Above (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name:	(If name unavailable	in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting busin	ess in Florida)
(Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4648 Sw 74 Aye faces FL 33155 (Principal office address) SAME AS Above (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name:	Puerto	Rico	3. 660424743	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4648 Sw 74 Are Access IFC 33155 (Principal office address) SAHE AS Above (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	(State or country und	er the law of which it is incorporated)	(FEI number, if applicable)	
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(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty hability) 4648 Sw 74 A-ye fraction FL 33155 (Principal office address) SME AS Above (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Dalia Fayas	(Date of i	ncorporation)	(Duration: Year corp. will cease to exist o	r "perpetual")
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty hability) 4648 Sw 74 A-ye fraction FL 33155 (Principal office address) SME AS Above (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Dalia Fayas			<u> </u>	
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Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Dalia Layins	(Purpose(s) of	corporation authorized in home state or	r country to be carried out in state of Florida)	75 O
Name: DALIA ZAYAS	•			[2] [2] [3]
Name: UDLIA ZAYAS	·	<u> </u>	P.O. Box <u>NOT</u> acceptable)	
Tice Address: 4648 SW 74 AVE 1	Name:	DOLIA ZAYAS		္ကမ္း တ
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(City) (Zip code)	The Address	707000 17	- <u>v</u>	STAT
(City) (Zip code)	_	Meaner FL 33/5	3- , Florida 33155	¥± 25
		(City)	(Zip code)	

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTOR		07 l
Chairman:		<u> </u>
Address:	4648 Seb 74 AVE Asiani FL 33155	HASSET B
	- Heaven FL 33155	HOST II
Vice Chairman: _	/	
Address:		PS5
Director:		
Address:		······
		
Director:		······································
Address:		
B. OFFICERS		
Address:		
Vice President: _		
Secretary:		
	,	
Treasurer:		
Address:		
Nome 12		
NOTE: If neces	ssary, you may attach an addendum to the application listing additional of	fficers and/or directors.
13	(Six Spirit 1000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4.
	(Signature of Director of Officer listed in number 12 of the applica	
14.	DALIA ZAYAS DIRECTOR (Typed or printed name and capacity of person signing application)	

Commonwealth of Puerto Rico Department of State San Juan, Puerto Rico

CERTIFICATION

I, CARMEN ELBA TORRES, Director for the Certifications and Regulations Division of the Department of State of the Commonwealth of Puerto Rico, DO HEREBY CERTIFY THAT:

ROSAEL GAUTIER NAZARIO

whose official certification appears on the attached document was, on the date of the same, according to the records of this Department, a Director of Corporate Registries of the Department of State of Puerto Rico.

I DO FURTHER CERTIFY that her signature thereto affixed is genuine.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the Commonwealth of Puerto Rico, in the City of San Juan, today, February 21, 2007.

Cum Etta tons

CARMEN ELBA' TORRES

Correct Certify:

Authorized Office





I, ROSAEL GAUTIER NAZARIO, Acting Director of the Register of Corporations of the Department of State of the Commonwealth of Puerto Rico,

CERTIFY: That, pursuant to the provisions of the Article 15.01 of the General Corporation Law of 1995, "FARMACIA B-12, INC.", register number 59832, a profit corporation organized under the laws of Puerto Rico, has complied with the filing of Annual Reports; therefore, it is in good standing.

IN WITNESS WHEREOF, sign the present and cause to be affixed on it the Great Seal of the Commonwealth of Puerto Rico, in the City of San Juan, today, February 21, 2007.

Rosael Gautier Nazario Acting Director Register of Corporations

FJB /jmr 0393570 -- \$10.00

Certification of the Annual Reports Officer

I hereby certify that I have read and revised the aforementioned corporate record and that it complies with Chapter XV, Article 15.01 of the General Corporation Law.

1621,07

Date

Annual Reports Officer