

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90406 008 ***150.00

DOCUMENT # F23495

1. Entity Name
BELLAMAR PHARMACY, INC.



Principal Place of Business
**10332 W. FLAGLER STREET
MIAMI, FL 33174**

Mailing Address
**10332 W. FLAGLER STREET
MIAMI, FL 33174**

00008369



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03272006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-2089185

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PUMARIEGA, ANDRES A
1451 SW 30TH AVE
MIAMI, FL 33145**

Name **PUMARIEGA, ANDRES A**

Street Address (P.O. Box Number is Not Acceptable)

10332 WEST FLAGLER STREET

City **MIAMI**

FL

Zip Code

33174

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

Signature, typed or printed name of registered agent and title if applicable.

ANDRES A PUMARIEGA

(NOTE: Registered Agent signature required when reinstating)

3/27/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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 **P** ☐ Delete
NAME **PUMARIEGA, ANDRES**
STREET ADDRESS **1451 S.W. 30 AVENUE**
CITY-ST-ZIP **MIAMI, FL**

TITLE ☒ Change ☐ Addition
NAME **PUMARIEGA, ANDRES**
STREET ADDRESS **10332 WEST FLAGLER STREET**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE **ST** ☐ Delete
NAME **GARCIA, SERGIO**
STREET ADDRESS **5548 S.W. 7TH STREET**
CITY-ST-ZIP **MIAMI, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDRES A PUMARIEGA 3/27/06 305-227-6060

Date

Daytime Phone #