

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 23, 2007 08:00 AM
Secretary of State

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**



2. Principal Place of Business - No P.O. Box #

Same Above

3. Mailing Address

—

Suite, Apt. #, etc.

—

Suite, Apt. #, etc.

—

City & State

—

City & State

—

Zip

—

Country

—

Zip

—

Country

—

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-2089185**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PUMARIEGA, ANDRES A
10332 W. FLAGLER ST
MIAMI FL 33174**

7. Name and Address of New Registered Agent

Name

—

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

—

City

—

FL

Zip Code

—

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME: **P** **PUMARIEGA, ANDRES** ☐ Delete
STREET ADDRESS: **10332N W. FLAGLER ST**
CITY- ST- ZIP: **MIAMI FL 33174**

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

TITLE
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

TITLE
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

TITLE
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

TITLE
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS: **U00000644678**
CITY- ST- ZIP: **03/02/07-80054-001 150.00**

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is 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

ST. Sergio Garcia 02/20/07 (305) 221-6060