

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F43130

Entity Name: IDEL PHARMACY, INC.

FILED
Aug 07, 2008
Secretary of State

Current Principal Place of Business:

3314 W. COLUMBUS DR.
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

3314 W. COLUMBUS DR.
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-2131126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUAREZ, IDEL
3316 W AILEEN ST
TAMPA, FL 33607 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: VS () Delete
Name: SUAREZ, MILLY
Address: 3201 N. GLEN AVE.
City-St-Zip: TAMPA, FL 33607

Title: S () Delete
Name: SUAREZ JR., IDEL
Address: 6015 SHELTON RD
City-St-Zip: TAMPLA, FL 33615

Title: V () Delete
Name: SUAREZ, ILLAN,
Address: 3201 N. GLEN AVE
City-St-Zip: TAMPA, FL 33607

Title: T () Delete
Name: SUAREZ, IRMA,
Address: 3316 W AILEEN ST
City-St-Zip: TAMPA, FL 33607

Title: P () Delete
Name: SUAREZ, IDEL
Address: 3316 W AILEEN ST
City-St-Zip: TAMPA, FL 33607

Title: MGRM () Delete
Name: ALVAREZ, MARGARITA
Address: 3411 ST. CONRAD ST.
City-St-Zip: TAMPA, FL 33607

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:

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

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

SIGNATURE: IDEL SUAREZ

P

08/07/2008

Electronic Signature of Signing Officer or Director

Date