

2004 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 13, 2004
Secretary of State**

DOCUMENT# F96995

Entity Name: DESOTO PHARMACY, INC.

Current Principal Place of Business:

823 SOUTHERN BLVD.
W PALM BCH, FL 33405

New Principal Place of Business:

Current Mailing Address:

823 SOUTHERN BLVD.
W PALM BCH, FL 33405

New Mailing Address:

FEI Number: 59-2211824 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOTO, MARIA ANTONIA
823 SOUTHERN BLVD
WEST PALM BEACH, FL 33405 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TS () Delete
Name: SOTO, FRANCISCO F,
Address: 36 MOHAWK TRAIL
City-St-Zip: WESTFIELD, NJ 07090

Title: OS () Delete
Name: SOTO, MARIA ANTONIA
Address: 823 SOUTHERN BLVD.
City-St-Zip: WEST PALM BEACH, FL 33405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TS (X) Change () Addition
Name: SOTO, FERNANDO F.,
Address: 11348 TORCHWOOD CT.
City-St-Zip: WELLINGTON, FL 33414

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARIA A. SOTO

PRES

10/13/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date