

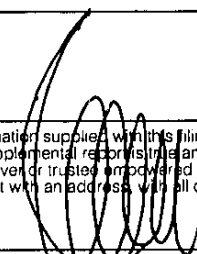


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # H97722 1. Entity Name P & P PHARMACY, INC.			
Principal Place of Business 8381 S.W. 40TH ST. MIAMI, FL 33155		Mailing Address 8381 S.W. 40TH ST. MIAMI, FL 33155	
DO NOT WRITE IN THIS SPACE			
		01162007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2634270	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENEDO, MARIA A 2430 SW 102ND PLACE MIAMI, FL 33165		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000592624 01/19/07-80069-010 150.00	
TITLE	PSTD		
NAME	PENEDO, MARIA A		
STREET ADDRESS	2430 SW 102ND PLACE		
CITY-ST-ZIP	MIAMI, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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TITLE			
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CITY-ST-ZIP			
TITLE			
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 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: 		Date: 1/16/07 Daytime Phone: #	
SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			