## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H98934

1268 PALM AVE

HIALEAH, FL 33010

Address:

City-St-Zip:

Entity Name: SYLVESTRE PHARMACY CORP.

FILED Jan 16, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1268 PALM AVE HIALEAH, FL 33010 **Current Mailing Address: New Mailing Address:** 1268 PALM AVE MIAMI, FL 33010 FEI Number: 59-2696617 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RODRIGUEZ, LILIA 1268 PALM AVE MIAMI, FL 33010 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition RODRIGUEZ, LILIA Name: Name: 1268 PALM AVE Address: Address: City-St-Zip: HIALEAH, FL 33010 City-St-Zip: Title: () Delete Title: () Change () Addition RODRIGUEZ, IVONNE Name: 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: LILIA RODRIGUEZ PRES 01/16/2008