


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90096 002 ***150.00

DOCUMENT # K10437	
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1. Entity Name.

BG'S PHARMACY, INC.

Principal Place of Business % FRANK MENDEZ 901 NW 17 ST., STE. T MIAMI FL 33136 US	Mailing Address % FRANK MENDEZ 901 NW 17TH ST., STE. T MIAMI FL 33136 US
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2. Principal Place of Business - No P.O. Box # <i>1050 N.W. 14 ST.</i>	3. Mailing Address <i>1050 N.W. 14 ST.</i>
Suite, Apt. #, etc. <i>#133</i>	Suite, Apt. #, etc. <i>#133</i>
City & State <i>MIAMI, FLORIDA</i>	City & State <i>MIAMI, FLORIDA</i>
Zip <i>33136</i>	Country <i>U.S.A.</i>

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0028045		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MENDEZ, FRANK 901 NW 17 ST. STE. T MIAMI FL 33136		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FARIAS, JUAN CARLOS 9104 SW 151ST CT MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IZUMI, CALESTINE 15092 N.W. 54 CT. MIAMI, FLORIDA 33055 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARCIA, BERNABE 10821 N.W. 7TH ST. #22 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Bernabe Garcia **BERNABE GARCIA**

4/27/07

305-325-0698

Date

Daytime Phone #