## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2008 08:00 A Secretary of State

| ANNUAL KEPUKI   |  |                       |                                   | T-P'C                       | 20,20             | of C  |
|---|--|-----------------------|-----------------------------------|-----------------------------|-------------------|---|
| DOCUMENT # K92317 1. Entity Name FARMACIA 22-24 CENTRO, INC.  |  |                       |                                   | 30                          | ecreta            | ry of S                                     |
| Principal Place of Business % FRANCISCO A. ORTEGA C. 1300 W FLAGLER MIAMI, FL 33135   | Mailing Address<br>% FRANCISCO A. ORTEGA C.<br>1300 W FLAGLER<br>MIAMI, FL 33135 |                       |                                   | 1                           |                   | <b>                                    </b> |
| DO NOT WRITE  | IN THIS SPA  | CE :                  | 04072008 No Chg-P CR2E034 (11/05) |                             |                   |   |
|   |  | OL T                  | 4. FEI Numb<br>65-010             | 2116                        | \$8.75            | Applied For Not Applicable  Additional      |
|   |  | • • •                 | 5. Certificate                    | or Status Desireu           | Fee Req           | uired                                       |
| 6. Name and Address of Current Re ORTEGA C., FRANCISCO A. 1300 W FLAGLER MIAMI, FL 33135  |  |                       | IN T                              | NOT WR<br>THIS SPA          | CE                |   |
| The above named entity submits this statement for the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and  Signature. |  | ed office or register |                                   | th, in the State of Florida | . I am familiar v | ith, and accept                             |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financia Trust Fund Contribution.   |  |                       | 00 May Be<br>ed to Fees           | U0000090<br>04/29/08-80     | 00780<br>0041-020 | 150.00                                      |
| 10. OFFICERS AND DI   | RECTORS  | , , , , ,             | <i>:</i>                          |                             |                   | <u>}</u>                                    |
| NAME ORTEGA C., FRANCISCO A. STREET ADDRESS CITY-ST-ZIP MIAMI, FL   |  |                       |                                   |                             |                   |   |
| TITLE NAME SIREET ADDRESS CITY-ST-ZIP   |  |                       |                                   |                             |                   |   |
| ITILE NAME STREET ADDRESS CITY-ST-ZIP   |  |                       | DO                                | NOT WR                      | ITE               |   |
| TIILE NAME STREET ADDRESS   |  |                       | IN                                | THIS SPA                    | CE                |   |

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 attachypeur with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-07-08

Daytime Phone ●