


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90290 032 *****50.00

DOCUMENT # L03000003938 1. Entity Name G & C PHARMACY, LLC																																																					
Principal Place of Business 12500 NW 2 ST MIAMI, FL 33182			Mailing Address 12500 NW 2 ST MIAMI, FL 33182																																																		
2. Principal Place of Business 910 NW 132 AVE		3. Mailing Address 910 NW 132 AVE																																																			
Suite, Apt. #, etc. Miami		Suite, Apt. #, etc. Miami																																																			
City & State FL		City & State FL																																																			
Zip 33182		Zip 33182		Country FL																																																	
Country 33182		Country 33182		4. FEI Number 04-3738669																																																	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																			
6. Name and Address of Current Registered Agent RODRIGUEZ MARLOND 12500 NW 2 ST MIAMI, FL 33182			7. Name and Address of New Registered Agent Name GLADYS FERNANDEZ Street Address (P.O. Box Number is Not Acceptable) 910 NW 132 AVE Miami FL 33 City FL Zip Code 33182																																																		
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE _____																																																					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State																																																		
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> MGR RODRIGUEZ MARLOND 12500 NW 2 ST MIAMI, FL 33182 </td> <td style="width:30%; text-align: right;"> <input checked="" type="checkbox"/> Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ MARLOND 12500 NW 2 ST MIAMI, FL 33182	<input checked="" type="checkbox"/> Delete																						10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> GLADYS FERNANDEZ 910 NW 132 AVE Miami FL 33182 </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	GLADYS FERNANDEZ 910 NW 132 AVE Miami FL 33182	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																					
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																																																					
SIGNATURE: <i>[Signature]</i> 6/6/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																					