2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000003938

1. Entity Name
G & C PHARMACY, LLC

Principal Place of Business	Mailing Address
7105 S.W. 8TH STREET, #208	7105 S.W. 8TH STREET, #208
MIAMI, FL 33144	MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE

04062006No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
04-3738669	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ALBELO, LAYMET
7105 S.W. 8TH STREET, #208
MIAMI, FL 33144

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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

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	~~MGR.~~ President
NAME	ALBELO, LAYMET
STREET ADDRESS	7105 S.W. 8TH STREET, #208
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	V. President
NAME	Gladys Fernandez
STREET ADDRESS	14874 SW 24St
CITY-ST-ZIP	Miami FL 33185

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11. 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 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: _____   4/7/06   786-683-2357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #