

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064638

**FILED**  
**Feb 14, 2007**  
**Secretary of State**

**Entity Name:** DROGUERIA VEQMED SUMINISTRO, LC

**Current Principal Place of Business:**

AV. FRANCISCO DE MIRANDA, PARC. DON BOSCO,  
RESD. CONCORDIA, MEZZ., OFIC 04  
CARACAS, - VENEZUELA

**New Principal Place of Business:**

1876 NORTH UNIVERSITY DR.  
SUITE 101 A  
PLANTATION, FL 33322 US

**Current Mailing Address:**

AV. FRANCISCO DE MIRANDA, PARC. DON BOSCO,  
RESD. CONCORDIA, MEZZ., OFIC 04  
CARACAS, - VENEZUELA -

**New Mailing Address:**

1876 NORTH UNIVERSITY DR.  
SUITE 101 A  
PLANTATION, FL 33322 US

**FEI Number:** 98-0499165

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUTY, GERALD  
2655 LEJEUNE ROAD  
SUITE 804  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HERRERA, ADOLFO  
Address: AV. FRANCISCO DE MIRANDA, PARC. DON BOSCO,  
City-St-Zip: CARACAS, - VENEZUELA -

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HERRERA ADOLFO

MGRM

02/14/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date