2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2008
Secretary of State

DOCUMENT# L07000126749

Entity Name: AMERICAN PHARMA DEPOT L.L.C.

Current Principal Place of Business:

13550 SW 88 STREET
180
MIAMI, FL 33186 DA

New Principal Place of Business:

13550 SW 88 STREET
180
MIAMI, FL 33186 US

Current Mailing Address:

13550 SW 88 STREET
180
MIAMI, FL 33186 DA

New Mailing Address:

13550 SW 88 STREET
180
MIAMI, FL 33186 US

FEI Number: 26-1618883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREGORIAN, MICHAEL
14510 SW 75 AVE
PALMETTO BAY, FL 33158 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: MGR ( ) Delete
Name: GREGORIAN, MICHAEL
Address: 14510 SW 75 AVE
City-St-Zip: PALMETTO BAY, FL 33158 DA

Title: MGR ( ) Delete
Name: PANCHAL, ANANTKUMAR K
Address: 9360 SW 137 AVE APR 416
City-St-Zip: MIAMI, FL 33186 DA

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GREGORIAN, MICHAEL
Address: 14510 SW 75 AVE
City-St-Zip: PALMETTO BAY, FL 33158 US

Title: MGR (X) Change ( ) Addition
Name: PANCHAL, ANANTKUMAR K
Address: 9360 SW 137 AVE APR 416
City-St-Zip: MIAMI, FL 33186 US

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL GREGORIAN MGR 02/07/2008

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