
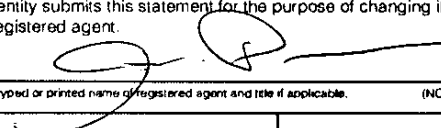
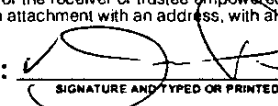


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90364 008 ***150.00

DOCUMENT # M05780 1. Entity Name PUMAR PHARMACY INC.					
Principal Place of Business 528 SW 109 AVE. MIAMI, FL 33174			Mailing Address 528 SW 109 AVE. MIAMI, FL 33174		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1484170	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PUMARIEGA, ANDRES A. 1451 S.W. 30TH AVENUE MIAMI, FL 33145				Name PUMARIEGA, ANDRES A. Street Address (P.O. Box Number is Not Acceptable) 10332 WEST FLAGLER STREET City MIAMI FL Zip Code 33174	
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  ANDRES A PUMARIEGA 3/27/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD	<input type="checkbox"/> Delete	TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUMARIEGA, ANDRES A.		NAME	PUMARIEGA, ANDRES A.	
STREET ADDRESS	1451 S.W. 30TH AVE.		STREET ADDRESS	10332 WEST FLAGLER ST.	
CITY - ST - ZIP	MIAMI, FL 33145		CITY - ST - ZIP	MIAMI, FL 33174	
TITLE	TD		TITLE		
NAME	PUMARIEGA, ANDRES A.		NAME		
STREET ADDRESS	1451 S.W. 30TH AVE.		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33145		CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. 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 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 attachment with an address, with all other like empowered.					
SIGNATURE:  ANDRES A PUMARIEGA 3/27/06 305-221-6060 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					