

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

DOCUMENT # M05780

1. Entity Name
PUMAR PHARMACY INC.



07 NOV -1 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-6-07

RY



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10292007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-1484170

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PUMARIEGA, ANDRES A.
10332 W FLAGLER ST
MIAMI, FL 33174

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD ☒ Delete
NAME PUMARIEGA, ANDRES A.
STREET ADDRESS 10332 W FLAGLER ST
CITY-ST-ZIP MIAMI, FL 33174

TITLE TD ☒ Delete
NAME PUMARIEGA, ANDRES A.
STREET ADDRESS 13497 S.W. 34 ST
CITY-ST-ZIP MIAMI, FL 33175

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P, D ☐ Change ☒ Addition
NAME JOSE MANUEL NEGRIN
STREET ADDRESS 528 SW 109 AVE.
CITY-ST-ZIP MIAMI, FL 33174

TITLE VP, D ☐ Change ☒ Addition
NAME ANDRES PUMARIEGA
STREET ADDRESS 528 SW 109 AVE.
CITY-ST-ZIP MIAMI, FL 33174

TITLE S, D ☐ Change ☒ Addition
NAME BERTA NEGRIN
STREET ADDRESS 528 SW 109 AVE.
CITY-ST-ZIP MIAMI, FL 33174

TITLE T, D ☐ Change ☒ Addition
NAME ALEX F. NEGRIN
STREET ADDRESS 528 SW 109 AVE.
CITY-ST-ZIP MIAMI, FL 33174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/07