2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# M05780

Entity Name: PUMAR PHARMACY INC.

Current Principal Place of Business:

528 SW 109 AVE.
MIAMI, FL 33174

New Principal Place of Business:

Current Mailing Address:

300 SW 107 AVE.
SUITE 114
MIAMI, FL 33174

New Mailing Address:

FEI Number: 59-2528454 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEGRIN, ALEX F
300 SW 107 AVE.
SUITE 114
MIAMI, FL 33174 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NEGRIN, JOSE M
Address: 13201 SW 2 STREET
City-St-Zip: MIAMI, FL 33184

Title: VP ( ) Delete
Name: PUMARIEGA, ANDRES
Address: 10332 W. FLAGLER ST.
City-St-Zip: MIAMI, FL 33174

Title: SD ( ) Delete
Name: NEGRIN, BERTA
Address: 13201 SW 2 STREET
City-St-Zip: MIAMI, FL 33184

Title: TD ( ) Delete
Name: NEGRIN, ALEX F
Address: 12990 SW 2 STREET
City-St-Zip: MIAMI, FL 33184

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEX F. NEGRIN TRES 04/02/2009

Electronic Signature of Signing Officer or Director — Date