

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M05780

FILED  
Jan 28, 2011  
Secretary of State

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:**

528 SW 109 AVE.  
MIAMI, FL 33174

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

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ALEX F. NEGRIN

AFN

01/28/2011

Electronic Signature of Signing Officer or Director

Date