2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M34674

Name:

Address:

City-St-Zip:

SALAMON, JEFFREY J

21722 FALL RIVER DRIVE

BOCA RATON, FL 33428

FILED Jul 08, 2005 Secretary of State

Entity Nam	ne: SUNCOAS	ST PHARMACY, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
9060 KIMBE SUITE 38 BOCA RAT	ERLY BLVD ON, FL 33434	US				
Current Ma	:	New Maili	New Mailing Address:			
10058 SPANISH ISLES BLVD BAY F-5						
BOCA RAT	ON, FL 33498	US				
FEI Number:	59-2701205	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
980 N FEDI BOCA RAT	I & MINERLEY, ERAL HWY ON, FL 33432 named entity su	US	ne purpose of changing it	ts registere	ed office or registered agent, or both,	
SIGNATUR		Cianatura of Dogistanad	A ~ a ~ t		Dete	
Election Cam	e with s. 607.193(c Signature of Registered . (2)(b), F.S., the corporation did Trust Fund Contribution (). ORS:	d not receive the prior notic		Date SES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEO () E ACKERMAN, HON 10289 SPYGLAS BOCA RATON, FI	S WAY	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () E ACKERMAN, ARL 10289 SPYGLAS BOCA RATON, FI	S WAY	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	PRES ()E	Delete	Title:	PRES	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SALAMON, JEFFREY J

BOCA RATON, FL 33498

10619 STONEBRIDGE BLVD.

SIGNATURE: JEFFREY SALAMON **PRES** 07/08/2005