


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N95000002183 1. Entity Name FLORIDA INDEPENDENT PHARMACIES ASSOCIATION, INC.	
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Principal Place of Business 13801 S.W. 34 STREET MIAMI, FL 33175	Mailing Address 13801 S.W. 34 STREET MIAMI, FL 33175
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DO NOT WRITE IN THIS SPACE



04032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0580333	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DE VARONA, JOSE R
13801 S.W. 34 STREET
MIAMI, FL 33175

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEP DE VARONA, JOSE R 13801 S.W. 34 STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE VARONA, ANNETTE M 13801 SW 34 ST MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DE VARONA, MAGDA 13801 SW 34 ST MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE VARONA, JR JOSE RAUL 13801 SW 34 ST MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE VARONA, JOSE A 13801 SW 34 ST MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000883192
04/16/08-80071-002 61.25

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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 617, 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: JOSE RAUL DE VARONA **JOSE RAUL DE VARONA PRESIDENT** 04/03/08-786-586-5791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #