

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 05, 2004 8:00 am**  
**Secretary of State**

08-05-2004 90006 014 \*\*\*150.00

**DOCUMENT # P00000021460**

1. Entity Name

**POLARIS PHARMACY CORPORATION**



Principal Place of Business

**10845 SW 40 STREET  
MIAMI, FL 33175**

Mailing Address

**10845 SW 40 STREET  
MIAMI, FL 33175**



07292004

No Chg-P

CR2E034 (10/03)

4. FEI Number

**65-0988521**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**GONZALEZ, CARLOS  
10845 S.W. 40TH ST.  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
GONZALEZ, MARIA  
10845 SW 40 STREET  
MIAMI, FL 33175**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
GONZALEZ, CARLOS  
10845 SW 40 STREET  
MIAMI, FL 33175**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 #

*[Handwritten Signature]*  
**Carlos Gonzalez** 7-31-04 (305) 485-8787

Attachment  
54067087

~~July 28, 2004~~

State of Florida  
Division of Corporations  
P.O. Box 6198  
Tallahassee, Fl. 32314

Re: Polaris Pharmacy Corporation  
Doc No P00000021460

~~Sirs~~

Attached check in the amount of \$150.00 to cover the 2004 Annual Report we apologize for the delay but we have not received the forms to complete the report.

Sincerely

Carlos Gonzalez, Vice President