

2004 FOR PROFIT CORPORATION ANNUAL REPORT

07-16-2004 90008 008 ***150.00
P00000091567

FILED


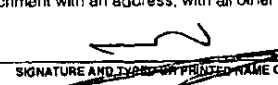
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07082004 Chg-P CR2E034 (10/03)

DOCUMENT # P00000091567					
1. Entity Name PHARMACY ONE, INC.					
Principal Place of Business 590 W FLAGLER ST MIAMI, FL 33130			Mailing Address 590 W FLAGLER ST MIAMI, FL 33130		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1072273	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ARYAN, AIMAN 590 W FLAGLER ST MIAMI, FL 33130			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
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 renewing) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO ARYAN, IZZEDIN 590 W FLAGLER ST MIAMI, FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR Aryan, Aiman 590 W. Flagler Street Miami FL 33130 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ASALI, AHMAD 590 W FLAGLER STREET MIAMI, FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR Aryan, Amjad 590 W. Flagler Street Miami FL 33130 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR Asali, Basel 2505 NW 54th Street Miami FL 33142 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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 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: 			Izzedin ARYAN 7/7/04 (305) 545 0533		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



Robert's Drug Store
590 West Flagler Street
Miami FL 33130

Thursday, December 02, 2004

Florida Department of State
Secretary of State
Division of Corporation
PO Box 6327
Tallahassee FL 32314

Subject: Pharmacy One, Inc.
Reference Number P00000091567

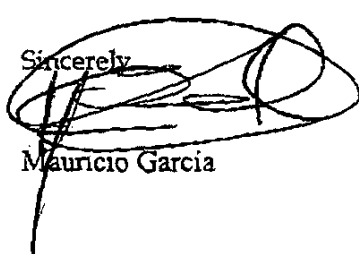
Following your instructions, this letter states in words our position with respect to the \$400.00 dollars late fee. We, Pharmacy One, Inc, did not receive any prior notice regarding this fee; therefore, we proceeded to send payment for \$150.00 -that represented payment for the annual report/uniform business report fee.

We understand that Pharmacy One, Inc. has been administratively dissolved for not paying the late fee of \$400.00. Also, we understand that we might ask to have the fee waived based on the fact that we did not receive a notice prior to May 1, 2004.

We respectfully request to have the \$400.00 dollar late fee waived.

Thank you.

Sincerely,



Mauricio Garcia