FILED
Jun 16, 2003 8:00 am
Secretary of State
05-02-2003 90381 017 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097717

1. Entity Name
FARMACIA MANAGUA, INC.

55048424

Principal Place of Business	Mailing Address
206 WASHINGTON AVE HOMESTEAD FL 33030	206 WASHINGTON AVE HOMESTEAD FL 33030

224 WASHINGTON AVE #5 HMTD FL 33030

2. Principal Place of Business	3. Mailing Address
224 Washington Ave	224 Washington Ave
Suite, Apt. #, etc. 5	Suite, Apt. #, etc. 5
City & State Homestead, FL	City & State Homestead, FL
Zip 33030 Country US	Zip 33030 Country US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1048445 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JUAREZ, RENE A
206 WASHINGTON AVE
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

Name Juarez René A.
Street Address (P.O. Box Number is Not Acceptable) 224 Washington Ave.
Ste. #5
City Homestead FL Zip Code 33030

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] 4/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D JUAREZ, RENE A 206 WASHINGTON AVE HOMESTEAD FL 33030	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Juarez, Rene A. 224 Washington Ave #5 Homestead FL 33030 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: SIGNATURE REQUIRED [signature] 4/29/03 (305) 248-2393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR