



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P00000098150</b> 1. Entity Name <b>PHARMACY DEPOT CORP.</b>	
---	---

Principal Place of Business <b>11342 QUAIL ROOST DRIVE MIAMI, FL 33157</b>	Mailing Address <b>11342 QUAIL ROOST DRIVE MIAMI, FL 33157</b>
---	---

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**04 APR 30 PM 3:59**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



04292004	No Chg-P	CR2E034 (10/03)
4. FEI Number <b>65-1048354</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**MAGNUM, PAUL  
12841 S.W. 47TH TERRACE  
MIAMI, FL 33157**

**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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>700035820647</b> <b>04/10/04--01072--009 **150.00</b>
---	---	---------------------------------------	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD MAGNUM, PAUL 19960 S.W. 190 ST. MIAMI, FL 33187</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>B BATISTA, ISABEL 19960 S.W. 190 ST. MIAMI, FL 33187</b>
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #