

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000039641

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: REFUA PHARMACY & MEDICAL SUPPLY, INC.

## Current Principal Place of Business:

% CG ACCOUNTING CORP.  
4101 RAVENSWOOD ROAD SUITE 111  
FORT LAUDERDALE, FL 33312

## Current Mailing Address:

% CG ACCOUNTING CORP.  
4101 RAVENSWOOD ROAD SUITE 111  
FORT LAUDERDALE, FL 33312

## New Principal Place of Business:

% CG ACCOUNTING CORP.  
4101 RAVENSWOOD ROAD SUITE 111  
FORT LAUDERDALE, FL 33312 US

## New Mailing Address:

% CG ACCOUNTING CORP.  
4101 RAVENSWOOD ROAD SUITE 111  
FORT LAUDERDALE, FL 33312 US

FEI Number: 65-1094923

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOLDIS, DAVID  
4101 RAVENSWOOD RD. SUITE 111  
FORT LAUDERDALE, FL 33312 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: ALTSHULER, ROZANNA  
Address: 4101 RAVENSWOOD ROAD, SUITE 111  
City-St-Zip: FORT LAUDERDALE, FL 33312

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: ALTSHULER, ROZANNA  
Address: 4101 RAVENSWOOD ROAD, SUITE 111  
City-St-Zip: FORT LAUDERDALE, FL 33312 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROZANNA ALTSHULER

PRES

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date