


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 25, 2006 8:00 am
Secretary of State

08-25-2006 90003 034 ***150.00

DOCUMENT # P01000080088 1. Entity Name FOREIGN PHARMACY DIRECTORY, INC.	
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Principal Place of Business 14035 SW 84TH ST MIAMI, FL 33183 US	Mailing Address 14035 SW 84TH ST MIAMI, FL 33183 US
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50026317



08142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1127208	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PIATTI, JOSEPH 14035 SW 84TH ST MIAMI, FL 33183
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**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 <u>Joseph Patti</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	8/20/06 DATE

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PIATTI, LESLIE 14035 SW 84TH ST MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA PIATTI, JOSEPH 14035 SW 84TH STREET MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Leslie Patti</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	8/20/06 305 275-1067 Date Daytime Phone #

ATTACHMENT

ForeignPharmacyDirectory, Inc.
14035 SW 84th Street
Miami, FL 33183
(866)-211-4437

50026317
#201000080088

August 21, 2006

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

I am writing as the registered agent of ForeignPharmacyDirectory, Inc. regarding the 2006 For Profit Corporation Annual Report and filing fees.

I never received the very first notice this year requiring payment of \$150.00 and instructions for filing.

Recently I did receive from your offices notification of intent to dissolve, and a large late fee to be imposed.

I am asking that the late fee please be waived. I would like to remain in good standing, and am enclosing \$150.00 and the completed annual report.

Thank you for your time and consideration in this matter.

Sincerely,



Joseph Piatti
Registered Agent