2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# P01000093068

Entity Name: MARTINEZ PHARMACY AGENCY, INC.

Current Principal Place of Business:

999 N.E. 94TH ST.
MIAMI SHORES, FL 33138

New Principal Place of Business:

Current Mailing Address:

PO BOX 530516
MIAMI SHORES, FL 33153

New Mailing Address:

FEI Number: 65-1139233 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINEZ, AURIELO
999 N.E. 94TH ST.
MIAMI SHORES, FL 33138 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: PST ( ) Delete
Name: MARTINEZ, AURELIO P
Address: 999 N.E. 94TH ST.
City-St-Zip: MIAMI SHORES, FL 33138

Title: VPD ( ) Delete
Name: MARTINEZ, AURELIO P
Address: 999 N.E. 94TH ST.
City-St-Zip: MIAMI SHORES, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: AURELIO MARTINEZ P 02/09/2009

Electronic Signature of Signing Officer or Director — Date