FILED
Apr 30, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000097467

1. Entity Name
HOLLYWOOD PHARMACY, INC.

Principal Place of Business	Mailing Address
13148 WEST DIXIE HWY NORTH MIAMI, FL 33161	13148 WEST DIXIE HWY NORTH MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE

04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1144958

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

OLOWYEYE, EMILY O
7773 FAIRWAY BLVD.
MIRAMAR, FL 33023

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 _____ DATE
Signature, required if this is a change of registered agent. If applicable (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000145163
05/03/04-80013-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OLOWOYEYE, EMILY
STREET ADDRESS	7773 FAIRWAY BOULEVARD
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	VP
NAME	OLOWOYEYE, GBENGA
STREET ADDRESS	7773 FAIRWAY BOULEVARD
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	S
NAME	OLOWOYEYE, JOHNSON
STREET ADDRESS	7773 FAIRWAY BLVD.
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Olowoyeye EMILY OLOWOYEYE 4-29-04 (305) 893-2157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number