


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90045 037 \*\*\*150.00

<b>DOCUMENT # P02000027436</b>	
1. Entity Name <b>SUNNY COAST PHARMACY CORP.</b>	

Principal Place of Business <b>2750 NORTH 29 AVENUE STE. 120 HOLLYWOOD, FL 33020</b>	Mailing Address <b>2750 NORTH 29 AVENUE STE. 120 HOLLYWOOD, FL 33020</b>
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**50055715**

2. Principal Place of Business <b>1835 W. Flagler St #4</b>	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	City & State

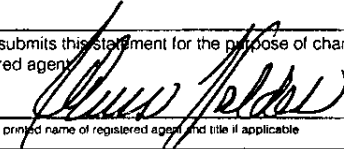
City & State <b>MIAMI, FL</b>	City & State
Zip <b>33135</b>	Country <b>USA</b>



07142005 Chg-P CR2E034 (10/03)

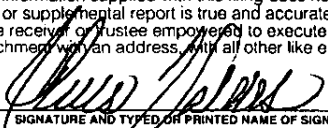
4. FEI Number <b>02-0562686</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>VALDES, LUIS 2750 NORTH 29 AVENUE STE. 120 HOLLYWOOD, FL 33020</b>		

7. Name and Address of New Registered Agent Name <b>LUIS VALDES</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>7984 NW 198 TERR</b>	
City <b>MIAMI</b>	Zip Code <b>FL 33015</b>

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 <b>7/14/05</b>

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VALES, LUIS 151610 BULL RUN ROAD #514 MIAMI LAKES, FL 33014</b> <i>CHANGE OF address</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE <b>7/14/05</b> DAYTIME PHONE # <b>786-337-0770</b>

ATTACHMENT

# 02000027436  
50055715-

SUNNY COAST PHARMACY  
1835 W FLAGLER ST #4  
MIAMI FL 33135  
(305) 642-3358  
(305) 642-4781 FAX

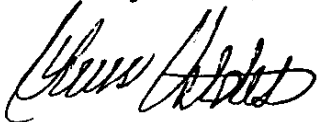
JULY 14, 2005

To Whom It May Concern:

The reason for our lateness in filing our annual report is that it was sent to the wrong. We have already updated the new information on the annual report.

If you need any additional information please call me at (305) 642-4781.

Sincerely Yours,



Luis Valdes  
President