

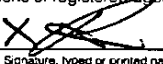



2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000048745 1. Entity Name A C PHARMACY CORP.						FILED 04 DEC 16 AM 11:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 11355 WEST FLAGLER ST. MIAMI, FL 33174				Mailing Address 11355 WEST FLAGLER ST. MIAMI, FL 33174				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country					
4. FEI Number 46-0479738				Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent CABALLERO, KATTIA 11355 W. FLAGLER ST. MIAMI, FL 33174				7. Name and Address of New Registered Agent Name RUBEN ALEA HERNANDEZ Street Address (P.O. Box Number is Not Acceptable) 11355 W. Flagler St. City MIAMI FL Zip Code 33174				
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 12/13/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>								
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CABALLERO, KATTIA 11355 WEST FLAGLER ST. MIAMI, FL 33174			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RUBEN ALEA HERNANDEZ 11355 W. Flagler St. MIAMI, FL 33174			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABALLERO, KATTIA 11355 WEST FLAGLER ST. MIAMI, FL 33174			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	400043471714			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	12/16/04--01069--001 <input type="checkbox"/> Change <input checked="" 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				12/13/04 <small>Date</small>				<small>Daytime Phone if</small>

LAW OFFICES
GUS SUAREZ, P.A.
4000 PONCE DE LEON BOULEVARD, SUITE 470
CORAL GABLES, FLORIDA 33146-1432

TELEPHONE (305) 777-0400
FACSIMILE (305) 777-0401

WEBSITE: WWW.SUAREZPALAW.COM
E-MAIL: GSUAREZ@SUAREZPALAW.COM

December 13, 2004

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Amended Annual Report of AC Pharmacy Corp.

Dear Sir or Madam:

Enclosed please find amended annual report on the above referenced entity and a check in the amount of \$61.25 to cover your processing fee.

Please confirm the filing of this amendment by returning confirmation of same to my attention at the above letterhead address as soon as possible.

Thank you for your attention to this matter and, if you have any questions, please do not hesitate to contact me.

Sincerely yours,



GUS SUAREZ

GS/ea
Enclosures