

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000064233

Entity Name: CIRCLE S PHARMACY, INC.

FILED
Apr 03, 2009
Secretary of State

Current Principal Place of Business:

725 B EAST MAIN ST
PAHOKEE, FL 33476

New Principal Place of Business:

Current Mailing Address:

725 B EAST MAIN ST
PAHOKEE, FL 33476

New Mailing Address:

FEI Number: 03-0468934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, ARNALDO M JR.
725 B EAST MAIN STREET
PAHOKEE, FL 33476 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: D () Delete
Name: GARCIA, ARNALDO M JR
Address: 678 HERITAGE DRIVE
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: GARCIA, SONIA M
Address: 2555 COLLINS AVENUE #309
City-St-Zip: MIAMI BEACH, FL 33140

Title: S () Delete
Name: CEBALLOS, JOSE D
Address: 8080 NW 53RD COURT
City-St-Zip: LAUDERHILL, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ARNALDO M. GARCIA JR.

D

04/03/2009

Electronic Signature of Signing Officer or Director

_____ Date