

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000064668

**FILED**  
**Apr 21, 2005**  
**Secretary of State**

**Entity Name:** SUPERIOR PHARMACY GROUP, INC.

**Current Principal Place of Business:**

782 NW 42ND AVE SUITE 348  
MIAMI, FL 33126

**New Principal Place of Business:**

3321 NW 82 AVE  
DORAL, FL 33122

**Current Mailing Address:**

782 NW 42ND AVE SUITE 348  
MIAMI, FL 33126

**New Mailing Address:**

3321 NW 82 AVE  
DORAL, FL 33122

**FEI Number:** 02-0615057

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION COMPANY OF MIAMI  
201 S BISCAYNE BLVD  
1600 MIAMI CENTER  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

MAYRA, VELEZ  
3321 NW 82 AVE  
DORAL, FL 33122 US

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: MAYRA VELEZ

04/21/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: VELEZ, MAYRA  
Address: 13030 NW 8TH STREET  
City-St-Zip: MIAMI, FL 33182

Title: DST ( ) Delete  
Name: QURESHI, AHMAD M  
Address: 3060 SW 109 COURT  
City-St-Zip: MIAMI, FL 33165

**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 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 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: MAYRA VELEZ

PD

04/21/2005

Electronic Signature of Signing Officer or Director

Date