

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000064668

FILED
Apr 30, 2007
Secretary of State

Entity Name: SUPERIOR PHARMACY GROUP, INC.

Current Principal Place of Business:

1951 NW 97 AVE
DORAL, FL 33122

New Principal Place of Business:

1951 NW 97 AVE
DORAL, FL 33172

Current Mailing Address:

3403 NW 82 AVE
SUITE 105
DORAL, FL 33122

New Mailing Address:

1951 NW 97 AVE
DORAL, FL 33172

FEI Number: 02-0615057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAYRA, VELEZ
1951 NW 82 AVE
SUITE 105
DORAL, FL 33122 US

Name and Address of New Registered Agent:

VELEZ, MAYRA
3403 NW 82 AVE
SUITE 105
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

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () 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 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: MAYRA VELEZ

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date