2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000064668

Entity Name: SUPERIOR PHARMACY GROUP, INC.

FILED Aug 03, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

1951 NW 97 AVE DORAL, FL 33172

Current Mailing Address: 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: Name and Address of New Registered Agent:

 VELEZ, MAYRA
 QURESHI, AHMAD M

 3403 NW 82 AVE
 1951 NW 97 AVE

 SUITE 105
 DORAL, FL 33172 US

 DORAL, FL 33122 US
 DORAL, FL 33172 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: MUSTAQUEEM A.QURESHI 08/03/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: VELEZ, MAYRA Name: QURESHI, AHMAD M

 Name:
 VELEZ, MAYRA
 Name:
 QURESHI, AHMAD M

 Address:
 13030 NW 8TH STREET
 Address:
 3060 SW 109 COURT

 City-St-Zip:
 MIAMI, FL 33182
 City-St-Zip:
 MIAMI, FL 33165

Title: DST () Delete Title: DST (X) Change () Addition

 Name:
 QURESHI, AHMAD M
 Name:
 ZAFAR, SYED F

 Address:
 3060 SW 109 COURT
 Address:
 9705 SW 95TH AVE

 City-St-Zip:
 MIAMI, FL 33165
 City-St-Zip:
 MIAMI, FL 33176

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 MERMELSTEIN, DAVID

 Address:
 Address:
 9121 SW 66 TERR

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33173

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: MUSTAQUEEM A QURESHI PD 08/03/2007