

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000064984

Entity Name: AMERICA PHARMACY, INC.

FILED  
Apr 23, 2005  
Secretary of State

## Current Principal Place of Business:

1784 W FLAGLER ST  
10  
MIAMI, FL 33135

## Current Mailing Address:

1784 W FLAGLER ST  
10  
MIAMI, FL 33135

## New Principal Place of Business:

4691 NW 9 STREET APT# A105  
A-105  
MIAMI, FL 33126

## New Mailing Address:

4691 NW 9 STREET  
APT# A105  
MIAMI, FL 33126

FEI Number: 71-0897778

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLA, PORFIRIO  
1784 W FLAGLER ST STE 10  
MIAMI, FL 33135 US

## Name and Address of New Registered Agent:

MILLA, PORFIRIO  
4691 NW 9 STREET  
APT A105  
MIAMI, FL 33126 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:

04/23/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: MILLA, PORFIRIO  
Address: 1784 W FLAGLER ST STE 10  
City-St-Zip: MIAMI, FL 33135

Title: DPVS ( ) Delete  
Name: MILLA, PORFIRIO  
Address: 1784 W FLAGLER ST STE 10  
City-St-Zip: MIAMI, FL 33135

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition  
Name: MILLA, PORFIRIO  
Address: 4691 NW 9 STREET APT A105  
City-St-Zip: MIAMI, FL 33126

Title: DPVS (X) Change ( ) Addition  
Name: MILLA, PORFIRIO  
Address: 4691 NW 9 STREET APT A105  
City-St-Zip: MIAMI, FL 33126

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: PORFIRIO MILLA

PD

04/23/2005

Electronic Signature of Signing Officer or Director

Date