FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amended Annual Report

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000106181

1. Entity Name
GUADALAJARA PHARMACY INC.

Principal Place of Business	Mailing Address
515 SW 12 AVE. 502 MIAMI, FL 33130	515 SW 12 AVE. 502 MIAMI, FL 33130
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 46-0501797 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~ALEMON, MARIA C 14565 SW 176 TER. MIAMI, FL 33177~~	Name: Jorge Luis Ojeda Street Address (P.O. Box Number Is Not Acceptable): 179 01 N.W. 63rd Court City: Hialeah FL Zip Code: 33015

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PSD NAME: MONTEJO, NEREIDA A STREET ADDRESS: 14565 SW 176TH TERR. CITY-ST-ZIP: MIAMI, FL 33177	☑ Delete	TITLE: PSD NAME: Jorge Luis Ojeda STREET ADDRESS: 17901 N.W. 63rd Court CITY-ST-ZIP: Hialeah, FL 33015	☐ Change ☑ Addition
TITLE: VD NAME: ALEMAN, MARIA C STREET ADDRESS: 13944 SW 166TH AVE. CITY-ST-ZIP: MIAMI, FL 33196	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #