FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90329 002 ***150.00

DOCUMENT # P02000116083

1. Entity Name
Barbies Pharmacy Inc.

DO NOT WRITE IN THIS SPACE

24046949
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2324 SW 67 Ave	2324 SW 67 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami,Fl	City & State: Miami,Fl
Zip: 33155 Country: Miami-Dade	Zip: 33155 Country: Miami-Dade

4. FEI Number: 32-0043096 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: De Cardenas Laura

Street Address (P.O. Box Number is Not Acceptable)

2324 SW 67 Ave

City: Miami, FL Zip Code: 33155

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: _____ De Cardenas Laura / President April 15,2004
Signature, typed or printed name of registered agent and title if applicable. (Name of Registered Agent Signature required (see below)) DATE

January 1 - May 1: Fee is $150.00
After May 1: Fee is $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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Laura de Cardenas / President 2324 SW 67 Ave Miami,Fl 33155
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ De Cardenas Laura / President April 15,2004 (305) 480-7771
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #