

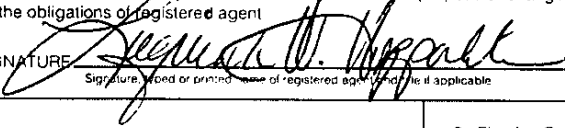
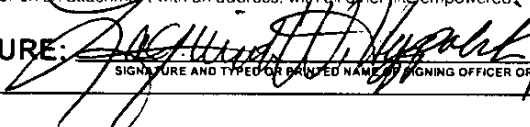


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90128 025 \*\*\*150.00

<b>DOCUMENT # P02000126144</b>					
1. Entity Name <b>ROYALTY DRUG &amp; PHARMACEUTICAL CARE, INC.</b>					
Principal Place of Business <b>1001 N.W. 54TH STREET MIAMI, FL 33127</b>			Mailing Address <b>1001 N.W. 54TH STREET MIAMI, FL 33127</b>		
2. Principal Place of Business <b>17325 NW 27th AVE</b> Suite, Apt. #, etc. <b>210</b> City & State <b>Miami Gardens, FL</b> Zip <b>33056</b> Country <b>US</b>		3. Mailing Address <b>17325 NW 27th AVE</b> Suite, Apt. #, etc. <b>210</b> City & State <b>Miami Gardens, FL</b> Zip <b>33056</b> Country <b>US</b>		 <b>04102006 Chg-P CR2E034 (11/05)</b>	
4. FEI Number <b>NOT APPLICABLE</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>HYPPOLITE, LAQUINTA W 1001 NW 54TH ST MIAMI, FL 33127</b>			7. Name and Address of New Registered Agent Name <b>Laquinta W. Hyppolite</b> Street Address <b>17325 NW 27th Ave, #210</b> City <b>Miami Gardens</b> State <b>FL</b> Zip Code <b>33056</b>		
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  DATE <b>4/10/06</b> <small>Signature typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS					
TITLE	DT	<input type="checkbox"/> Delete			
NAME	HYPPOLITE, LAQUINTA W				
STREET ADDRESS	1001 N.W. 54TH STREET				
CITY-ST-ZIP	MIAMI, FL 33127				
TITLE	DP	<input type="checkbox"/> Delete			
NAME	HYPPOLITE, LAQUINTA				
STREET ADDRESS	1001 N.W. 54TH STREET				
CITY-ST-ZIP	MIAMI, FL 33127				
TITLE	DVPS	<input type="checkbox"/> Delete			
NAME	HYPPOLITE, RUBEN				
STREET ADDRESS	1001 N.W. 54TH STREET				
CITY-ST-ZIP	MIAMI, FL 33127				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <b>Laquinta W Hyppolite</b> DATE <b>4/10/06</b> (305) 626-9978 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					