

# 2007 FOR PROFIT CORPORATION- ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90051 037 \*\*\*150.00

DOCUMENT # P03000004887

1. Entity Name

FLORIDA PHARMACY, INC.



Principal Place of Business

5366 WEST 12TH AVE  
HIALEAH FL 33012

Mailing Address

5366 WEST 12TH AVE  
HIALEAH FL 33012

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 05-0548888

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

PINO, HELEN  
8930 SW 69TH ST  
MIAMI FL 33173

Name Helen Pino

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

5366 West 12 Avenue

City Hialeah

FL

Zip Code 33012

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, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

01/18/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

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  
NAME PINO, HELEN ☐ Delete  
STREET ADDRESS 8930 SW 69TH ST  
CITY ST ZIP MIAMI FL 33173

TITLE  
NAME Helen Pino ☒ Change ☐ Addition  
STREET ADDRESS 5366 West 12 Ave  
CITY ST ZIP Hialeah, FL 33012

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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CITY ST ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Helen Pino

305-556-0061

01/18/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #