2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000006380

City-St-Zip: MIAMI, FL 33168

Entity Name: IDEAL RX PHARMACY, INC.

FILED Aug 23, 2004 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
823 NW 119TH STREET MIAMI, FL 33168				823 NW 119TH STREET NORTH MIAMI, FL 33168	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
18134 BIRDWATER DRIVE TAMPA, FL 33647				823 NW 119TH STREET NORTH MIAMI, FL 33168	
FEI Numbe	r: 93-0966207	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name an	d Address of	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
1840 SW 4TH FLO	& UTRERA, P 22ND ST. OR . 33145 US	.A.			
	e named entity te of Florida.	submits this statement for the	purpose of changing its register	red office or registered agent, or both,	
SIGNATU	IRE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	PSTD (CARTER, JOH 823 NW 119TH		Title: Name: Address:	() Change () Addition	

City-St-Zip:

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: JOHNNIE CARTER,III PSTD 08/23/2004