

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000009568

Entity Name: FARMACIA LAS AMERICAS INC

FILED
Mar 14, 2007
Secretary of State**Current Principal Place of Business:**141 N. KROME AVE
HOMESTEAD, FL 33030**New Principal Place of Business:****Current Mailing Address:**141 N. KROME AVE
HOMESTEAD, FL 33030**New Mailing Address:**358 EAST 44TH STREET
HIALEAH, FL 33013

FEI Number: 82-0585591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:CORDOVA, BARBARA
141 N. KROME AVE
HOMESTEAD, FL 33030 US**Name and Address of New Registered Agent:**OREILLY, JORGELINA
358 EAST 44TH STREET
HIALEAH, FL 33013 US

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.

SIGNATURE: JORGELINA OREILLY

03/14/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PSD () Delete
Name: CORDOVA, BARBARA
Address: 141 NORTH KROME AVE
City-St-Zip: HOMESTEAD, FL 33030**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PSD (X) Change () Addition
Name: OREILLY, JORGELINA
Address: 141 NORTH KROME AVE
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JORGELINA OREILLY

PSD

03/14/2007

Electronic Signature of Signing Officer or Director

Date