2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2011
Secretary of State

DOCUMENT# P03000027481

Entity Name: WESTON PHARMACY, INC.

Current Principal Place of Business:

54 INDIAN TRACE
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

54 INDIAN TRACE
WESTON, FL 33326

New Mailing Address:

FEI Number: 20-0929919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CABAN, LUIS
799 LAKE BLVD.
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CABAN, LUIS E
Address: 799 LAKE BOULEVARD
City-St-Zip: WESTON, FL 33326

Title: VD
Name: CABAN, ANA L
Address: 799 LAKE BOULEVARD
City-St-Zip: WESTON, FL 33326

I hereby 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 all other like empowered.

SIGNATURE: LUIS E. CABAN PD 04/22/2011

Electronic Signature of Signing Officer or Director Date