

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

4/1

04-14-2004 90073 039 ***150.00

DOCUMENT # P03000028191 1. Entity Name DIPARDI PHARMACY GROUP INC.					
Principal Place of Business 231 SUNNY ISLES BLVD. SURFSIDE, FL 33160			Mailing Address 231 SUNNY ISLES BLVD. SURFSIDE, FL 33160		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 364524789	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HEBRA, TALIA 3430 SW 24 TR. MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u>Talia Hebra</u> 4/6/04 Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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 PRESIDENT ☐ Delete NAME TALIA HEBRA STREET ADDRESS 3430 SW 24 TR CITY- ST- ZIP MIAMI, FL 33145			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY- ST- ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Talia Hebra</u> 4/6/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66444647



04052004 Chg-P CR2E034 (10/03)

FL

DATE

Daytime Phone #