

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000028191

FILED  
May 01, 2005  
Secretary of State

Entity Name: DIPARDI PHARMACY GROUP INC.

## Current Principal Place of Business:

231 SUNNY ISLES BLVD.  
SURFSIDE, FL 33160

## New Principal Place of Business:

## Current Mailing Address:

231 SUNNY ISLES BLVD.  
SURFSIDE, FL 33160

## New Mailing Address:

FEI Number: 36-4524389

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HEBRA, TALIA  
3430 SW 24 TR.  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

RIVERON, CARYNA  
18016 SW 26 CT  
MIRAMAR, FL 33029 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: CARYNA RIVERON

05/01/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HEBRA, TALIA  
Address: 3430 SW 24 TR  
City-St-Zip: MIAMI, FL 33145

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RIVERON, CARYNA  
Address: 18016 SW 26 CT  
City-St-Zip: MIRAMAR, FL 33029

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: CARYNA RIVERON

P

05/01/2005

Electronic Signature of Signing Officer or Director

Date