

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90091 023 \*\*\*150.00

**DOCUMENT # P03000037803**

1. Entity Name

**MOTTO PHARMACY, INC.**



Principal Place of Business

122 KINGS WAY  
ROYAL PALM BEACH FL 33411

Mailing Address

122 KINGS WAY  
ROYAL PALM BEACH FL 33411

2. Principal Place of Business

4152 W. BLUE HERON

Suite, Apt. #, etc.

BLVD # 129

City & State

RIVIERA BEACH, FL.

Zip  
33404

Country

PALM BEACH

3. Mailing Address

4152 W. BLUE HERON

Suite, Apt. #, etc.

BLVD. # 129

City & State

RIVIERA BEACH, FL.

Zip  
33404

Country

PALM BEACH



MOORE

CR2E034 (11/03)

4. FEI Number

51-0458208

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOGBO, CHUCK  
2800 W. OAKLAND PARK BLVD.  
SUITE 209  
OAKLAND PARK FL 33311

7. Name and Address of New Registered Agent

Name  
PATIENCE DHLIWAYO

Street Address (P.O. Box Number is Not Acceptable)

122 KINGS WAY

City  
ROYAL PALM BEACH FL

Zip Code  
33411

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

*Patience DHLIWAYO*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/15/04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
DHLIWAYO, PATIENCE  
122 KINGS WAY  
ROYAL PALM BEACH FL 33411

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Patience DHLIWAYO* PATIENCE DHLIWAYO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04

Date

561-881-0022

Daytime Phone #