

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000037803

Entity Name: MOTTO PHARMACY, INC.

FILED
Jul 14, 2005
Secretary of State

Current Principal Place of Business:

4152 W. BLUE HERON BLVD., #129
WEST PALM BEACH, FL 33404

New Principal Place of Business:

4152 W. BLUE HERON BLVD.
SUITE 129
RIVIERA BEACH, FL 334044859

Current Mailing Address:

4152 W. BLUE HERON BLVD., #129
WEST PALM BEACH, FL 33404

New Mailing Address:

4152 W. BLUE HERON BLVD.
SUITE 129
RIVIERA BEACH, FL 334044859

FEI Number: 51-0458208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DHLIWAYO, PATIENCE
122 KINGS WAY
ROYAL PALM BEAH, FL 33411 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

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: PD () Delete
Name: DHLIWAYO, PATIENCE
Address: 122 KINGS WAY
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PATIENCE DHLIWAYO

PD

07/14/2005

Electronic Signature of Signing Officer or Director

Date