

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 24 AM 11:16

DOCUMENT # P03000062630

1. Entity Name
USA PHARMACY CORP.



Principal Place of Business
4037 SW 96 AVE.
MIAMI, FL 33165

Mailing Address
4037 SW 96 AVE.
MIAMI, FL 33165

REINSTATEMENT 04-05



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01132005 REIN-P CR2E098 (6/04)

City & State
Zip Country

4. FEI Number
56-2372623

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
UGALDE, MANUEL
4307 SW 96TH AVENUE
MIAMI, FL 33165

7. Name and Address of New Registered Agent
Name
RUBEN HERNANDEZ
Street Address (P.O. Box Number is Not Acceptable)
SAME
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 X *Ruben Hernandez*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-18-2005
DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
UGALDE, MANUEL
4037 SW 96TH AVENUE
MIAMI, FL 33165 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
UGALDE, MANUEL
4037 SW 96TH AVENUE
MIAMI, FL 33165 ☒ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RUBEN HERNANDEZ
4037 SW 96 AVE
MIAMI, FL 33165 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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: *Ruben Hernandez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2005 305-219-0630
Date Daytime Phone #