## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000093676

Address:

City-St-Zip:

FILED Apr 29, 2004 Secretary of State

Entity Nan	ne: NORTH H	OWARD PHARMACY INC.				
Current Principal Place of Business:			New Principal Place of Business:			
3202 N HO TAMPA, FL	WARD AVE. _ 33607					
Current Mailing Address:			New Mailing Address:			
3202 N HO TAMPA, FL	WARD AVE. _ 33607					
FEI Number:	16-1682011	FEI Number Applied For ( )	FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Address of New Registered Agent:		
	CHRISTOPHER NEBAUGH AVE - 33612					
	named entity s of Florida.	ubmits this statement for the p	urpose of changing it	ts registered office or registered agent, or both,		
SIGNATUR	RE:					
Electronic Signature of Registered Agen			ent	Date		
Election Can	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () ADETUTU, ABID 3202 N HOWAR TAMPA, FL 336	D AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	V () IJEWERE, PATE 1740 HULETT JI BRANDON, FL	₹.	Title: Name: Address: City-St-Zip:	V (X) Change ( ) Addition FADARE, ABIOLA O 7519 TERRACE RIVER DR TEMPLE TERRACE, FL 33637		
Title: Name: Address: City-St-Zip:	ST () OSIMEN, CHRIS 1209 W. LINEBA TAMPA, FL 336	UGH AVE.	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition IJEWERE, PATRICK 1740 HULLETT DR TAMPA, FL 33511		
Title: Name:	( )	Delete	Title: Name:	P ( ) Change (X) Addition OSIMEN, CHRISTOPHER E		

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.

Address:

City-St-Zip:

12408 CARDIFF DR

TAMPA, FL 33625

SIGNATURE: ABIDEMI A. ADETUTU P 04/29/2004