


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

03-24-2004 90036 001 ***150.00

DOCUMENT # P03000094427

1. Entity Name
EL JARDIN PHARMACY, INC.



Principal Place of Business Mailing Address
12551 WEST OCKEECHOBEE ROAD **12551 WEST OCKEECHOBEE ROAD**
HIALEAH GARDENS FL 33018 **HIALEAH GARDENS FL 33018**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number: **76-7682079** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

AMPUERO, XAVIER
12551 WEST OCKEECHOBEE ROAD
HIALEAH GARDENS FL 33018

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

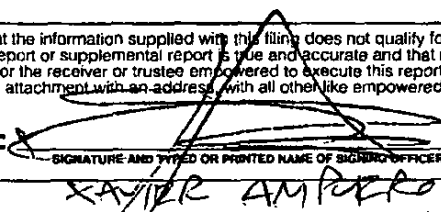
SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restoring)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMPUERO, XAVIER 12551 WEST OCKEECHOBEE ROAD HIALEAH GARDENS FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE: **3/18/04** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR