

## **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000130103

Entity Name: BELL PHARMACY, CORP.

**FILED**  
**Oct 01, 2007**  
**Secretary of State**

### **Current Principal Place of Business:**

3240 WEST 70TH STREET  
#116  
HIALEAH GARDENS, FL 33018

### **New Principal Place of Business:**

4377 WEST 16TH AVE  
HIALEAH, FL 33012

### **Current Mailing Address:**

3240 WEST 70TH STREET  
#116  
HIALEAH GARDENS, FL 33018

### **New Mailing Address:**

4377 WEST 16TH AVE  
HIALEAH, FL 33012

FEI Number: 86-1090287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

### **Name and Address of Current Registered Agent:**

CORDERO, MARIA R  
3240 WEST 70TH STREET  
#116  
HIALEAH GARDENS, FL 33018 US

### **Name and Address of New Registered Agent:**

BETANCOURT, YAINIER  
4377 WEST 16TH AVE  
HIALEAH, FL 33012 US

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: YAINIER BETANCOURT

10/01/2007

Electronic Signature of Registered Agent

Date

### **OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CORDERO, MARIA R  
Address: 3240 WEST 70TH STREET #116  
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: DVP (X) Delete  
Name: CORDERO, LUIS  
Address: 3240 WEST 70TH STREET #116  
City-St-Zip: HIALEAH GARDENS, FL 33018

### **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BETANCOURT, YAINIER  
Address: 4377 WEST 16TH AVE  
City-St-Zip: HIALEAH, FL 33012

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: YAINIER BETANCOURT

P

10/01/2007

Electronic Signature of Signing Officer or Director

Date