

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000152212

FILED
Apr 30, 2004
Secretary of State

Entity Name: AMERICAN APOTHECARY INTERNATIONAL CORPORATION

Current Principal Place of Business:

12410 SW 114 TERRACE
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12410 SW 114 TERRACE
MIAMI, FL 33186

New Mailing Address:

FEI Number: 20-0493200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CISNEROS, MIGUEL A
12410 SW 114 TERRACE
MIAMI, FL 33186

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CISNEROS, MIGUEL A
Address: 12410 SW 114 TERRACE
City-St-Zip: MIAMI, FL 33186

Title: V () Delete
Name: NAHT, HELENA
Address: 10320 SW 115 AVE
City-St-Zip: MIAMI, FL 33186

Title: ST () Delete
Name: MARKEL, RACHEL
Address: 11233 SW 88 ST E-204
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: NATH, HELENA
Address: 10320 SW 115 AVE
City-St-Zip: MIAMI, FL 33186

Title: ST (X) Change () Addition
Name: MARKEL, RACHEL
Address: 11233 SW 88 ST E-204
City-St-Zip: MIAMI, FL 33176

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: MIGUEL A. CISNEROS-ABREU

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

Date