


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State

05-25-2005 90005 030 ***150.00

DOCUMENT # P04000002011		
1. Entity Name PHARMACY DIRECT GROUP INC.		

Principal Place of Business 13780 SW 56 ST #200A MIAMI, FL 33175	Mailing Address 13780 SW 56 ST #200A MIAMI, FL 33175
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40083731

2. Principal Place of Business 3900 N.W. 7th AVE.		3. Mailing Address 3900 N.W. 7th AVE.	
Suite, Apt. #, etc. 509		Suite, Apt. #, etc. 509	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33166	Country MIAMI-DADE	Zip 33166	Country MIAMI-DADE



04272005 Chg-P CR2E034 (10/03)

4. FEI Number 38-3694893		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BONET, ORLANDO H 19255 NE 10 AVE #115 MIAMI, FL 33179		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3900 N.W. 7th AVE. SUITE 509 City MIAMI FL Zip Code 33166

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BONET, ORLANDO H 19255 NE 10 AVE #15 MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3900 N.W. 7th AVE. STE. 509 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **ORLANDO BONET** 05/19/05 305-436-8624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40085751

Division of Corporations

Annual Report

The following is a review of the information you are submitting for the filing of your Annual Report. Please verify the information and any changes made for accuracy before submitting the document. Should you have additional corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again.

Document Number	P04000002011
Business Entity Name	PHARMACY DIRECT GROUP INC.
Prior notice was	Received
FEI Number	383694893
FEI Number Status	Current
Certificate of Status Desired	No
Election Campaign Financing Trust Fund Contribution	No

Principal Place of Business

Address	3900 NW 79TH AVENUE
Suite, Apt. #, etc.	SUITE #509
City, State	MIAMI, FL
Zip Code & Country	33166

Mailing Address

Address	3900 NW 79TH AVENUE
Suite, Apt. #, etc.	SUITE #509
City, State	MIAMI, FL
Zip Code & Country	33166

Name And Address of Registered Agent

Name (Last, First, Middle, Title)	BONET, ORLANDO , H
Address	3900 NW 79TH AVENUE
Suite, Apt. #, etc.	SUITE #509
City, State	MIAMI, FL
Zip Code & Country	33166 US
Registered Agent Signature	ORLANDO H BONET

Officer/Director Name And Address

Title	P
Name (Last, First, Middle, Title)	BONET, ORLANDO , H
Street Address	3900 NW 79TH AVENUE - SUITE #509
City, State	MIAMI, FL