

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 21, 2005 8:00 am
Secretary of State

01-20-2005 90029 018 ***150.00

DOCUMENT # P04000015486			
1. Entity Name JOCHY'S PHARMACY INC			
Principal Place of Business 2924 W 68 PLACE HIALEAH, FL 33018		Mailing Address 2924 W 68 PLACE HIALEAH, FL 33018	
2. Principal Place of Business 5858 W 20 AVE		3. Mailing Address 5858 W 20 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah, Florida		City & State Hialeah, Florida	
Zip 33016	Country	Zip 33016	Country
6. Name and Address of Current Registered Agent RODRIGUEZ, ORLANDO E 2924 W 68 PLACE HIALEAH, FL 33018		7. Name and Address of New Registered Agent 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 <u><i>Orlando E Rodriguez</i></u> Orlando E Rodriguez President 1/13/05 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 ☐ \$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	P RODRIGUEZ, ORLANDO E 2924 W 68 PLACE HIALEAH, FL 33018 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, ORLANDO E ☒ Change ☐ Addition 5858 W 20 AVE Hialeah - Florida - 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u><i>Orlando E Rodriguez</i></u> Orlando E Rodriguez 1/13/05 305 556 1800 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		Date Daytime Phone #	