

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL  
AND  
FILED

05 SEP -7 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P04000022278</b> 1. Entity Name <b>EVENECER PHARMACY CORPORATION</b>					
Principal Place of Business <b>441 NW 12TH AVE MIAMI, FL 33128</b>			Mailing Address <b>441 NW 12TH AVE MIAMI, FL 33128</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-0960331</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				09082005    Chg-P    CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>LACAYO, JORGE C 10770 SW 8 ST #102A MIAMI, FL 33174</b>			7. Name and Address of New Registered Agent Name <b>Abel Hernandez</b> Street Address (P.O. Box Number is Not Acceptable) <b>5137 SW 5ter</b> City <b>Miami</b> FL    Zip Code <b>33134</b>		
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:     (NOTE: Registered Agent signature required when re-registering)    DATE: _____					
<b>FILE NOW! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P URBINA, HUMBERTO <input checked="" type="checkbox"/> Delete 441 NW 12TH AVE MIAMI, FL 33128		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P    Abel Hernandez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5137 SW 5ter Miami FL 33134	
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 900059753229 09/20/05--01003--014    **150.00	
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 K. Eckel    SEP -7 2005	
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)(f), 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:			9-6-05    305-323-6221 Date    Daytime Phone #		