

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000022278

**FILED**  
**Sep 20, 2006**  
**Secretary of State**

**Entity Name:** EVENECER PHARMACY CORPORATION

**Current Principal Place of Business:**

441 NW 12TH AVE  
MIAMI, FL 33128

**New Principal Place of Business:**

**Current Mailing Address:**

441 NW 12TH AVE  
MIAMI, FL 33128

**New Mailing Address:**

**FEI Number:** 20-0960331

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HERNANDEZ, ABEL  
5137 SW 5 TER  
MIAMI, FL 33134 US

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

PEREZ, YISELL  
441 NW 12 AVE  
MIAMI, FL 33128 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: YISELL PEREZ

09/20/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HERNANDEZ, ABEL  
Address: 5137 SW 5 TER.  
City-St-Zip: MIAMI, FL 33134

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

Title: DPS (X) Change ( ) Addition  
Name: PEREZ, YISELL  
Address: 441 NW 12 AVE  
City-St-Zip: MIAMI, FL 33128

I hereby certify that the information supplied with this filing does not qualify for the 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: YISELL PEREZ

P

09/20/2006

Electronic Signature of Signing Officer or Director

Date