## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## FILED Feb 21, 2005 8:00 am Secretary of State 02-21-2005 90073 002 \*\*\*150.00

DOCUMENT # P04000024302



2. Principal Place of Business 9676 NW 25 St 9676 NW 25 St Sulte, Apt. #, etc.  City & State Miamil , FI  City & State Miamil , FI  City & State Miamil , FI  Country Miami-Dade  Country Miami-Dade  To Not Applied For Not A	1. Entity Nam	Pharmacy Inc.	į							
9676 NW 25 St Suite, April #, etc. Suite, April #,			E IN THIS	SPAC	E		20	01380	4	
City & State Miami , FI  Zip Zip Zip Zip Zip Zip Zip Zip Zip Zi			9676 NW 25 St							
Miami   FI	Suite, Apt.	#, etc	Suite, Apt_#, etc.:				DO NOT WRITE	I'IN THIS SPAC	ж <del> </del>	
Mami-Dade   33172   Miami-Dade   3.00   Fee Required   Fee Requi						4. F	1 104-3784368			
Name Hernandez, Lorenzo F Street Address (P.O. Box Number is Not Acceptable)  9676 NW 25 St  City Miami  FL  30172  8. The above named entity submits this statement Jeffor Propose 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.  9676 NW 25 St  City Miami  FL  30172  8. The above named entity submits this statement Jeffor Propose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  9676 NW 25 St  Make Check Pay 1, Fee is \$150,000 Amended UBR is \$61,25  Make Check Payable to Florida Department of State  10. OFFICERS AND DIFFECTORS  TITLE  NAME  9676 NW 25 St  STREET ADDRESS  CITY-ST-2P  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  DO NOT WRITE  IN THIS SPACE  STREET ADDRESS  CITY-ST-2P  TITLE  NAME  STREET ADDRESS  STRE		1				<b>5.</b> C				
Street Address (P.O. Box Number is Not Acceptable)  IN THIS SPACE  9676 NW 25 St  City Miami  FL Zip Code  City Miami  FL Zip Code  City Miami  FL Zip Code  The above named entity submits this statement Jernyr Diprose 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  January 1- May 1 Fee is \$150,00  After May 1- Fee is \$550,00 May Be Added to Fees  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME  97676 NW 25 St  INILE  NAME  987676 NW 25 St  INILE  NAME  SIRET ADDRESS  CITY-S1-ZIP  TITLE  NAME  SIRET ADDRESS  SIRET ADDRE	ing it said the second of the community				Name H			legistered Ag	ent	$\exists$
8. The above named entity submits this statement of pulpose 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, speak or in-control of the internation										
8. The above named entity submits this statement forms prose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  January 1 - May 1 Fee is \$130,00  After May 1, Fee is \$550,00?  Amended UBR is \$61.25  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  STREET		IN THIS SI	PACE		9676 N	IW 25 St				
SIGNATURE    Signature   Superior of   Section					City Mia	ımi		FL .	Zip Code	
10. OFFICERS AND DIRECTORS  ITTLE MAME STREET ADDRESS CITY-ST-ZIP  ITTLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  ITTLE MAME STREET ADDRESS	SIGNATURE .	Signature, typed or placed name of re- nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25	•	(NOTE: Registered	d Agent signalur	e required when rein	-9Election Campaign Fina	· -	\$5.00 May	Be s
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	name Street address			NAME #.Strei	E ET ADDRESS			- 34		CR2E034B
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP			NAME Strei City-	et address St-Zip	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1		

nionated on this report of suppremental 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 employed to exacute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like employeded.

2-16-05