

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000031785

FILED
Jan 12, 2007
Secretary of State

Entity Name: SOUTH POINT PHARMACY CORP.

Current Principal Place of Business:

1835 W FLAGLER ST STE 204
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

PO BOX 431469
MIAMI, FL 33243

New Mailing Address:

FEI Number: 20-0744539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUAREZ, NELSON
PO BOX 431469
MIAMI, FL 33243 US

Name and Address of New Registered Agent:

SUAREZ, NELSON
1835 W FLAGLER ST STE 204
MIAMI, FL 33135 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: _____

Electronic Signature of Registered Agent

01/12/2007

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SUAREZ, NELSON
Address: PO BOX 431469
City-St-Zip: MIAMI, FL 33243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NELSON SUAREZ

D

01/12/2007

Electronic Signature of Signing Officer or Director

Date