# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Apr 26, 2006**
**Secretary of State**

DOCUMENT# P04000070402

**Entity Name:** PHARMACY TO YOUR HOME INC.

**Current Principal Place of Business:**

15029 S.W. 8 TERR.
MIAMI, FL 33194

**New Principal Place of Business:**

3900 NW 79TH AVENUE
509
MIAMI, FL 33166

**Current Mailing Address:**

15029 S.W. 8 TERR.
MIAMI, FL 33194

**New Mailing Address:**

3900 NW 79TH AVENUE
509
MIAMI, FL 33166

**FEI Number: 33-1090317** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MOGOLLON, MARILYN
15029 S.W. 8 TERR.
MIAMI, FL 33194 US

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

MOGOLLON, MARILYN
1233 SW 150TH PLACE
MIAMI, FL 33194 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: MARILYN MOGOLLON 04/26/2006
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: MOGOLLON, MARILYN
Address: 15029 S.W. 8 TERR.
City-St-Zip: MIAMI, FL 33194

Title: V (X) Delete
Name: HINESTROZA, MARIA V
Address: 15029 S.W. 8 TERR.
City-St-Zip: MIAMI, FL 33194

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

Title: P (X) Change ( ) Addition
Name: MOGOLLON, MARILYN
Address: 1233 SW 150TH PLACE
City-St-Zip: MIAMI, FL 33194

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: MARILYN MOGOLLON P 04/26/2006
Electronic Signature of Signing Officer or Director Date