
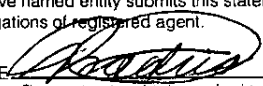
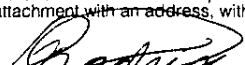


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 29, 2008 8:00 am**  
**Secretary of State**

07-29-2008 90010 029 \*\*\*550.00

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # P04000094404</b><br>1. Entity Name<br><b>PRIMARY PHARMACY, INC</b>   |  |  |   |    |  |
| Principal Place of Business<br><b>12837 SW 42 STREET</b><br><b>MIAMI, FL 33175 US</b>  |  |  | Mailing Address<br><b>12837 SW 42 STREET</b><br><b>MIAMI, FL 33175 US</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |   |  |
| City & State   |  | City & State   |   | 4. FEI Number<br><b>74-3125302</b>  |  |
| Zip  |  | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>VLADIMIR, RODRIQUEZ</b><br><b>12837 SW 42 STREET</b><br><b>MIAMI, FL 33175</b>   |  |  |   | 7. Name and Address of New Registered Agent<br>Name <b>RODRIGUEZ, ARNALDO</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>12837 S.W. 42 Street</b><br>City <b>Miami</b> <b>FL</b> Zip Code <b>33175</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.<br>SIGNATURE:  <b>Arnaldo Rodriguez</b> <b>7-23-08</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$550.00</b><br><b>Due by September 12, 2008</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                     |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>RODRIGUEZ, VLADIMIR<br>12837 SW 42 STREET<br>MIAMI, FL 33175 | <input checked="" type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P, S, T & D<br>Rodriguez, Arnaldo<br>12837 S.W. 42 Street<br>Miami, FL 33175 |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |  |  |   |   |  |
| <b>SIGNATURE:</b>  <b>Arnaldo Rodriguez</b> <b>7-23-08</b> <b>(786)715-5135</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |  |   |   |  |