

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Feb 03, 2005
Secretary of State**

DOCUMENT# P04000142093

Entity Name: ARMENIA PHARMACY, INC.

Current Principal Place of Business:

8338 N ARMENIA AVENUE
SUITE B
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

8338 N ARMENIA AVENUE
SUITE B
TAMPA, FL 33604

New Mailing Address:

FEI Number: 20-1753108 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUZMAN, MARTHA I
8338 N ARMENIA AVENUE
SUITE B
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

ROSADO, JULISSA
8338 N ARMENIA AVENUE
SUITE B
TAMPA, FL 33604 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: JULISSA ROSADO 02/03/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GUZMAN, MARTHA I
Address: 8338 N ARMENIA AVENUE , SUITE B
City-St-Zip: TAMPA, FL 33604

Title: P (X) Delete
Name: AGRAVAT, BHUPENDRA
Address: 8338 N ARMENIA AVENUE, SUITE B
City-St-Zip: TAMPA, FL 33604

Title: S (X) Delete
Name: GUZMAN-ROSADO, JULISSA
Address: 8338 N ARMENIA AVENUE, SUITE B
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROSADO, JULISSA
Address: 8338 N ARMENIA AVENUE , SUITE B
City-St-Zip: TAMPA, FL 33604

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

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 Section 119.07(3)(i), 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: JULISSA ROSADO PD 02/03/2005

Electronic Signature of Signing Officer or Director Date