

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000150270

FILED
May 19, 2005
Secretary of State

Entity Name: PHARMACY PRO'S CORPORATION

Current Principal Place of Business:

5302 KESTREL VIEW CT
PLANT CITY, FL 33565 US

New Principal Place of Business:

15949 NORTH FLORIDA AVENUE
LUTZ, FL 33549 US

Current Mailing Address:

5302 KESTREL VIEW CT
PLANT CITY, FL 33565 US

New Mailing Address:

15949 NORTH FLORIDA AVENUE
LUTZ, FL 33549 US

FEI Number: 20-1830991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARR, LISA
5302 KESTREL VIEW CT
PLANT CITY, FL 33028 US

Name and Address of New Registered Agent:

CARR, LISA
15949 NORTH FLORIDA AVENUE
PLANT CITY, FL 33028 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: LISA CARR

05/19/2005

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: RODRIGUEZ, CRYSTAL
Address: 16560 NW16TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: VP () Delete
Name: CARR, LISA
Address: 5302 KESTREL VIEW CT
City-St-Zip: PLANT CITY, FL 33565 US

Title: VP () Delete
Name: PASCHALL, BEVERLY
Address: 207 DENNISON RD
City-St-Zip: LUTZ, FL 33548 US

Title: TRES () Delete
Name: RODRIGUEZ, SERGIO
Address: 16560 NW16TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LISA CARR

VP

05/19/2005

Electronic Signature of Signing Officer or Director

Date