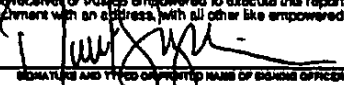


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

03-09-2006 90152 006 ***150.00
05-08-2006 90286 004 *****8.75

DOCUMENT # P05000005907			
1. Entity Name 02 ETC. PHARMACY, CORP.			
Principal Place of Business 4700 SW 51ST STREET 219 DAVIE, FL 33314		Mailing Address 4700 SW 51ST STREET 219 DAVIE, FL 33314	
2. Principal Place of Business 4800 SW 51ST STREET Suite, Apt. #, etc. SUITE 105 City & State DAVIE FL Zip 33314 Country Broward		3. Mailing Address 4800 SW 51 ST. Suite, Apt. #, etc. SUITE 105 City & State DAVIE, FL Zip 33314 Country Broward	
4. FEI Number 13-4292230		Applied For Not Applicable	
5. Certificate of Status Desired X		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SNYDER, ROBERT F 4700 SW 51ST STREET 219 DAVIE, FL 33314		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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.			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and new agent. (NOTE: Registered Agent signature required when retreating.)			
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Rob Snyder 6544 FLETCHER ST Hollywood FL 33023	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D/VP Harold Singh 7211 NW 22 Court Sunrise FL 33313	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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.			
SIGNATURE: 		Date: May 1st 2006 954-72-7902	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			