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	Mailing Address
~~4700 SW 51ST STREET~~	~~4700 SW 51ST STREET~~
~~219~~	~~219~~
~~DAVIE, FL 33314~~	~~DAVIE, FL 33314~~

03032006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
4800 SW 51st Street		4800 SW 51 St.	
Suite, Apt. #, etc. Suite 105		Suite, Apt. #, etc. Suite 105	
City & State DAVIE FL		City & State Davie, FL.	
Zip 33314	Country Broward	Zip 33314	Country Broward

4. FEI Number 13-4292230 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SNYDER, ROBERT F
4700 ~~SW 51ST STREET~~
~~219~~
~~DAVIE, FL 33314~~

New Address:
4800 SW 51 Street
Suite 105
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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	☐ Change ☐ Addition
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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: [signature] May 18th 2006 954-792-7902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #