

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000044720

Entity Name: PILLS PLUS, INC.

FILED
Jun 22, 2009
Secretary of State

Current Principal Place of Business:

181 SABAL PALM DRIVE, STE. 102
LONGWOOD, FL 32779

New Principal Place of Business:

7801 NW 146 STREET
MIAMI LAKES, FL 33016

Current Mailing Address:

2915 PIEDMONT RD., SUITE A
ATLANTA, GA 30305 US

New Mailing Address:

7801 NW 146 STREET
MIAMI LAKES, FL 33016

FEI Number: 20-2562153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, MANUEL ESQ.
770 PONCE DE LEON BLVD.
PH
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

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: PD () Delete
Name: GOMES, INES
Address: 181 SABAL PALM DR., SUITE 102
City-St-Zip: LONGWOOD, FL 32779 US

Title: VD () Delete
Name: RIVERA, RAUDEL
Address: 181 SABAL PALM DR., SUITE 102
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GOMES, INES
Address: 7801 NW 146 STREET
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: VD (X) Change () Addition
Name: RIVERA, RAUDEL
Address: 7801 NW 146 STREET
City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MANUEL LOPEZ

Electronic Signature of Signing Officer or Director

ATTY

06/22/2009

Date