

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000125178

FILED
Apr 27, 2009
Secretary of State

Entity Name: CARIBBEAN PHARMACY INC

Current Principal Place of Business:

1643 SW 32 AVE
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

1643 SW 32 AVE
MIAMI, FL 33145

New Mailing Address:

FEI Number: 20-3637131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INDA, MARIA E
531 SW 73 CT
MIAMI, FL 33144 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: INDA, MARIA E
Address: 531 SW 73 CT
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MARIA E INDA

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date