

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000125178

Entity Name: CARIBBEAN PHARMACY INC

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

1643 SW 32 AVE  
MIAMI, FL 33145

## **New Principal Place of Business:**

1643 SW 32ND AVENUE  
MIAMI, FL 33145

## **Current Mailing Address:**

1643 SW 32 AVE  
MIAMI, FL 33145

## **New Mailing Address:**

1643 SW 32ND AVENUE  
MIAMI, FL 33145

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:**

INDA, MARIA E  
1643 SW 32ND AVENUE  
MIAMI, FL 33145 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: MARIA E INDA

02/15/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P/D  
Name: INDA, MARIA E  
Address: 1643 SW 32ND AVENUE  
City-St-Zip: MIAMI, FL 33145

I hereby 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 all other like empowered.

SIGNATURE: MARIA E INDA

P

02/15/2011

Electronic Signature of Signing Officer or Director

Date