2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006
Secretary of State

DOCUMENT# P05000127427

Entity Name: ESSENCE PHARMACY CORP

Current Principal Place of Business:

1805 NE 164TH STREET
N. MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

1805 NE 164TH STREET
N. MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 03-0570376 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERRE, RONEL
960 SW 108 AVE
PEMBROKE PINES, FL 33025 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: P ( ) Delete
Name: PIERRE, RONEL
Address: 960 SW 108 AVE
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: VP ( ) Delete
Name: PIERRE, VASTHIE
Address: 960 SW 108 AVE
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: MG ( ) Change (X) Addition
Name: DOMINIQUE, RONETTE D
Address: 5043 SW 168 AVE
City-St-Zip: MIRAMAR, FL 33027 US

I hereby certify that the information supplied with this filing does not qualify for the 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: RONEL PIERRE P 05/16/2006

Electronic Signature of Signing Officer or Director Date