

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

8/25/2006-90003-028-\$150.00-\$150.00

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DOCUMENT # P05000133919

1. Entity Name  
PAIN PHARMACIES.COM, INC.



2006 OCT 12 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

14035 SW 84 ST.  
MIAMI, FL 33183

Mailing Address

14035 SW 84 ST.  
MIAMI, FL 33183

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08142008

Chg-P

CR2E034 (11/05)

4. FEI Number

203821049

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PIATTI, LESLIE  
14035 SW 84 ST.  
MIAMI, FL 33183

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 fee if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE

**FILE NOW!!! FEE IS \$850.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

P  
PIATTI, LESLIE  
14035 SW 84 ST.  
MIAMI, FL 33183

TITLE NAME ☐ Delete

V  
PIATTI, JOSEPH  
14035 SW 84 ST.  
MIAMI, FL 33183

TITLE NAME ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

B 10/17/06

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

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STREET ADDRESS  
CITY - ST - ZIP

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TITLE NAME ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/06

305  
775 1067

ATTACHMENT

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PainPharmacies.com  
14035 SW 84<sup>th</sup> Street  
Miami, FL 33183  
(866)-211-4437

50026323  
#P0500033719

August 21, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

I am writing as the registered agent of PainPharmacies.com, Inc. regarding the 2006 For Profit Corporation Annual Report and filing fees.

I never received the very first notice this year requiring payment of \$150.00 and instructions for filing.

Recently I did receive from your offices notification of intent to dissolve, and a large late fee to be imposed.

I am asking that the late fee please be waived. I would like to remain in good standing, and am enclosing \$150.00 and the completed annual report.

Thank you for your time and consideration in this matter.

Sincerely,



Leslie Piatti  
Registered Agent