

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000140038

FILED  
Sep 05, 2006  
Secretary of State

Entity Name: SUB URBAN APOTHECARIES, CORP.

## Current Principal Place of Business:

7244 BISCAYNE BLVD  
MIAMI, FL 33138

## New Principal Place of Business:

5580 NE 4 COURT  
#3  
MIAMI, FL 33137 US

## Current Mailing Address:

7244 BISCAYNE BLVD  
MIAMI, FL 33138

## New Mailing Address:

5580 NE 4 COURT  
#3  
MIAMI, FL 33137 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEREZ, BARBARA  
7244 BISCAYNE BLVD  
MIAMI, FL 33138 US

## Name and Address of New Registered Agent:

PEREZ, BARBARA  
5580 NE 4 COURT  
#3  
MIAMI, FL 33137 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: BARBARA A PEREZ

09/05/2006

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: PEREZ, BARBARA  
Address: 7244 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33138

Title: VS ( ) Delete  
Name: MENDEZ, JESSICA  
Address: 7244 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33138

Title: T (X) Delete  
Name: PEREZ, BARBARA  
Address: 7244 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33138

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: PEREZ, BARBARA  
Address: 5580 NE 4 COURT  
City-St-Zip: MIAMI, FL 33137

Title: P (X) Change ( ) Addition  
Name: MENDEZ, JESSICA  
Address: 5580 NE 4 COURT  
City-St-Zip: MIAMI, FL 33137

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

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: BARBARA A PEREZ

VP

09/05/2006

Electronic Signature of Signing Officer or Director

Date