

**2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Nov 19, 2010  
Secretary of State**

DOCUMENT# P05000150794

Entity Name: SOUTH PHARMACY INC

**Current Principal Place of Business:**

13571 SW 135TH AVE., UNIT 208  
MIAMI, FL 33186

**New Principal Place of Business:**

4315 NW 7 ST # 20  
MIAMI, FL 33126

**Current Mailing Address:**

13571 SW 135TH AVE., UNIT 208  
MIAMI, FL 33186

**New Mailing Address:**

4315 NW 7 ST # 20  
MIAMI, FL 33126

FEI Number: 20-5386458

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ESCAMILLA, RUBEN M  
13981 SW 112TH ST.  
MIAMI, FL 33186 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ESCAMILLA, RUBEN M  
Address: 13981 SW 112TH ST.  
City-St-Zip: MIAMI, FL 33186

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: RUBEN ESCAMILLA

PD

11/19/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date