


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000001631 1. Entity Name PALMETTO BAY PHARMACY CORPORATION	
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FILED

08 MAR 13 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 17035 S. DIXIE HIGHWAY MIAMI, FL 33157	Mailing Address 17035 S. DIXIE HIGHWAY MIAMI, FL 33157
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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03122008 Chg-P CR2E034 (12/06)

4. FEI Number 56-2552415	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RAMOS, ORLANDO A
17035 S. DIXIE HIGHWAY
MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name: **Orlando Arango**

Street Address (P.O. Box Number is Not Acceptable):
17035 S. Dixie Hwy.

City: **Palmetto Bay** FL Zip Code: **33157**

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE	NAME	Delete <input type="checkbox"/>
PD	RAMOS, ORLANDO A 17035 S. DIXIE HIGHWAY MIAMI, FL 33157	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
PD	Orlando Arango 17035 S. Dixie Hwy. Palmetto Bay, FL 33157	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KS