

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000072471

FILED
May 27, 2009
Secretary of State

Entity Name: FARMACIA LAS MARTINAS INC.

Current Principal Place of Business:

2032 NW 22 AVENUE
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

2032 NW 22 AVENUE
MIAMI, FL 33142

New Mailing Address:

FEI Number: 20-5011948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, YAMILA
2032 NW 22 AVENUE
MIAMI, FL 33142 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: PVP () Delete
Name: GARCIA, YAMILA
Address: 2032 NW 22 AVENUE
City-St-Zip: MIAMI, FL 33142

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GARCIA, YAMILA
Address: 2032 NW 22 AVENUE
City-St-Zip: MIAMI, FL 33142

Title: VP () Change (X) Addition
Name: VALDES, ZOILA
Address: 2032 NW 22 AVENUE
City-St-Zip: MIAMI, FL 33142

I hereby certify that the information supplied with this filing does not qualify 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: ZOILA VALDES

VP

05/27/2009

Electronic Signature of Signing Officer or Director

Date