

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000058228

Entity Name: LINDA PHARMACY INC.

FILED
Feb 19, 2008
Secretary of State**Current Principal Place of Business:**4849 EAST 8 AVE.
HIALEAH, FL 33013**New Principal Place of Business:****Current Mailing Address:**4849 EAST 8 AVE.
HIALEAH, FL 33013**New Mailing Address:**

FEI Number: 26-0183649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:GONZALEZ, AURORA
4849 EAST 8 AVE.
HIALEAH, FL 33013 US**Name and Address of New Registered Agent:**FELIPE, YOAMNE
4849 EAST 8 AVE.
HIALEAH, FL 33013 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: YOAMNE FELIPE

02/19/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: GONZALEZ, AURORA
Address: 4849 EAST 8 AVE.
City-St-Zip: HIALEAH, FL 33013**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: FELIPE, YOAMNE
Address: 4849 EAST 8 AVE.
City-St-Zip: HIALEAH, FL 33013

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: YOAMNE FELIPE

PD

02/19/2008

Electronic Signature of Signing Officer or Director

Date