2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2008
Secretary of State

DOCUMENT# P07000068036

Entity Name: RIHEN PHARMACY INC.

Current Principal Place of Business:

3520 WEST 18TH AVE., STE. 115
HIALEAH, FL 33012

New Principal Place of Business:

3520 WEST 18TH AVE.,
SUITE 115
HIALEAH, FL 33012

Current Mailing Address:

3520 WEST 18TH AVE., STE. 115
HIALEAH, FL 33012

New Mailing Address:

3520 WEST 18TH AVE.,
SUITE 115
HIALEAH, FL 33012

FEI Number: 26-0336150 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ZAMORA, SYLVANA
3520 WEST 18TH AVE., STE. 115
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

ZAMORA, SYLVANA
3520 WEST 18TH AVE.,
SUITE 115
HIALEAH, FL 33012 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: SILVANA ZAMORA 05/20/2008
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: PTD ( ) Delete
Name: ZAMORA, SYLVANA
Address: 3520 WEST 18TH AVE., STE. 115
City-St-Zip: HIALEAH, FL 33012

Title: DVS ( ) Delete
Name: ZAMORA, ENRIQUE
Address: 3520 WEST 18TH AVE., STE. 115
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: SILVANA ZAMORA PTD 05/20/2008
Electronic Signature of Signing Officer or Director Date