

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000083391

Entity Name: L P E PHARMACY INC.

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

C/O SOUTH BROWARD ACCOUNTING SERVICE INC  
5599 S UNVIERSITY DRIVE STE 306  
DAVIE, FL 33328

## New Principal Place of Business:

21097 NE 27 CT  
STE 590  
AVENTURA, FL 33180

## Current Mailing Address:

C/O SOUTH BROWARD ACCOUNTING SERVICE INC  
5599 S UNVIERSITY DRIVE STE 306  
DAVIE, FL 33328

## New Mailing Address:

C/O SOUTH BROWARD ACCT SRVC  
5599 S UNVIERSITY DRIVE STE 306  
DAVIE, FL 33328

FEI Number: 75-3248224

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHEDIAK, MIRTA  
5599 S UNIVERSITY DRIVE STE 306  
DAVIE, FL 33328 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GOLDSMITH, CHARLES L  
Address: 2600 ISLAND BLVD APT 403  
City-St-Zip: AVENTURA, FL 33160

Title: D ( ) Delete  
Name: GOLDSMITH, PATRICIA  
Address: 2600 ISLAND BLVD APT 403  
City-St-Zip: AVENTURA, FL 33160

## 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: CHARLES GOLDSMITH

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date