

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000083391

Entity Name: L P E PHARMACY INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

21097 NE 27 CT
STE 590
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

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: 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 L GOLDSMITH

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date