


2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

12 MAY 30 PM 2:01

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000083391	
1. Entity Name L P E PHARMACY INC.	

Principal Place of Business 21097 NE 27 CT STE 590 AVENTURA, FL 33180	Mailing Address C/O SOUTH BROWARD ACCT SRVC 5599 S UNIVERSITY DRIVE STE 306 DAVIE, FL 33328
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 21097 NE 27 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 590
City & State	City & State AVENTURA, FL
Zip	Zip 33180
Country	Country USA



05082012 Chg-P CR2E034 (12/11)

4. FEI Number 75-3248224	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOLDSMITH, CHARLES L 21097 NE 27 AVE SUITE 590 AVENTURA, FL 33180	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

800235681008

05/30/12-01009-003 **150.00

FILE NOW!!! FEE IS \$550.00 Due by September 28, 2012	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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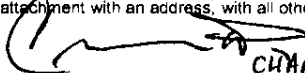
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GOLDSMITH, CHARLES L 2600 ISLAND BLVD APT 403 AVENTURA, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GOLDSMITH, CHARLES L 21097 NE 27 CT # 590 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GOLDSMITH, PATRICIA 2600 ISLAND BLVD APT 403 AVENTURA, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GOLDSMITH, PATRICIA 21097 NE 27 CT. #590 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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MAY 30 2012

S. PRATHER

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



CHARLES L. GOLDSMITH

4/30/12

c/gmrlpe@aol.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS