2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P07000127986

Entity Name: FARMACIA ADELFA & PATY INC.

Current Principal Place of Business:

626 SW 109 AVE.
SUITE # 626
MIAMI, FL 33174 DA

New Principal Place of Business:

626 SW 109 AVENUE
SUITE # 626
SWEETWATER, FL 33174 US

Current Mailing Address:

626 SW 109 AVE.
SUITE # 626
MIAMI, FL 33174 DA

New Mailing Address:

626 SW 109 AVENUE
SUITE # 626
SWEETWATER, FL 33174 US

FEI Number: 26-1440965 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASIS, CHRISTIAN
4205 W PALOMINO DR.
MOORE HAVEN, FL 33471 US

Name and Address of New Registered Agent:

MASIS, CHRISTIAN
1411 W. PALOMINO DR.
MOORE HAVEN, FL 33471 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: 04/29/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MASIS, CHRISTIAN
Address: 4205 W PALOMINO DR
City-St-Zip: MOORE HAVEN, FL 33471 US

Title: VP ( ) Delete
Name: ABARCA, DELFA
Address: 20605 SW 120 COURT
City-St-Zip: MIAMI, FL 33177 US

Title: VP ( ) Delete
Name: MASIS, CARLOS H
Address: 4205 W PALOMINO DR
City-St-Zip: MOORE HAVEN, FL 33471 US

Title: VP ( ) Delete
Name: MASIS, ROBERTO C
Address: 4205 W PALOMINO DR
City-St-Zip: MOORE HAVEN, FL 33471 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MASIS, CHRISTIAN
Address: 1411 W. PALOMINO DR.
City-St-Zip: MOORE HAVEN, FL 33471 US

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

Title: VP (X) Change ( ) Addition
Name: MASIS, CARLOS H
Address: 1411 W. PALOMINO DR.
City-St-Zip: MOORE HAVEN, FL 33471 US

Title: VP (X) Change ( ) Addition
Name: MASIS, ROBERTO C
Address: 1411 W. PALOMINO DR.
City-St-Zip: MOORE HAVEN, FL 33471 US

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: CHRISTIAN MASIS P 04/29/2008
Electronic Signature of Signing Officer or Director — Date