

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000127986

Entity Name: FARMACIA ADELFA & PATY INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

MASIS, CHRISTIAN
1411 W. PALOMINO DR.
MOORE HAVEN, FL 33471 US

Name and Address of New Registered Agent:

MASIS, CHRISTIAN P
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: CHRISTIAN MASIS

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: VP () Delete
Name: ABARCA, DELFA
Address: 709 ROYAL POINCIABA BLVD.
City-St-Zip: MIAMI, FL 33166 US

Title: V () Delete
Name: ABARCA, JOSE D
Address: 709 ROYAL POINCIANA BLVD.
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: ABARCA, JOSE D
Address: 709 ROYAL POINCIANA BLVD.
City-St-Zip: MIAMI, FL 33166

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

04/21/2009

Electronic Signature of Signing Officer or Director

Date