

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000004200

Entity Name: YOUNIQUE PHARMACY INC

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

121963 W. OKEECHOBEE RD, STE 2
HIALEAH, FL 33018

New Principal Place of Business:

Current Mailing Address:

121963 W. OKEECHOBEE RD, STE 2
HIALEAH, FL 33018

New Mailing Address:

FEI Number: 26-1757514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RON, OSCAR
7273 W 29 LN
HIALEAH, FL 33018 US

Name and Address of New Registered Agent:

RON, VICTOR PD
7273 W 29 LN
HIALEAH, FL 33018 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: VICTOR RON

03/31/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RON, OSCAR
Address: 7273 W 29 LN
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RON, VICTOR PD
Address: 7273 W 29 LN
City-St-Zip: HIALEAH, FL 33018

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: VICTOR RON

PD

03/31/2009

Electronic Signature of Signing Officer or Director

Date