

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000031562

Entity Name: GABI'S PHARMACY, INC.

**FILED**  
**Sep 22, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

106C SW 27 AVE  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

106C SW 27 AVE  
MIAMI, FL 33135

**New Mailing Address:**

FEI Number: 84-1720273

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FERNANDEZ, JOSUE  
106C SW 27 AVE  
MIAMI, FL 33135 US

**Name and Address of New Registered Agent:**

BORREGO, ODALYS  
106C SW 27 AVE  
MIAMI, FL 33135 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: ODALYS BORREGO

09/22/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FERNANDEZ, JOSUE  
Address: 106C SW 27 AVE  
City-St-Zip: MIAMI, FL 33135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BORREGO, ODALYS  
Address: 106C SW 27 AVE  
City-St-Zip: MIAMI, FL 33135

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: ODALYS BORREGO

P

09/22/2009

Electronic Signature of Signing Officer or Director

Date