

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000101315

**FILED**  
**May 10, 2011**  
**Secretary of State**

**Entity Name:** LE SELECT PHARMACY & M.E.S., INC.

**Current Principal Place of Business:**

128 NW 27 AVE  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 351652  
MIAMI, FL 33135

**New Mailing Address:**

128 NW 27 AVE  
MIAMI, FL 33125

**FEI Number:** 26-3974324

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PEREZ, MILAGROS  
128 NW 27 AVENUE  
MIAMI, FL 33125 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: PEREZ, MILAGROS  
Address: P.O. BOX 351652  
City-St-Zip: MIAMI, FL 33135

Title: DVPS  
Name: PEREZ, MILAGROS  
Address: 128 NW 27 AVE  
City-St-Zip: MIAMI, FL 33125

I hereby 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 all other like empowered.

SIGNATURE: MILAGROS PEREZ

PDST

05/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date