

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000034147

Entity Name: SIGMA PHARMACY CORP.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7235 CORPORATE CENTER DRIVE  
BAY H  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

7235 CORPORATE CENTER DRIVE  
BAY H  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number: 27-2417463

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOZADA, YAMILET  
2351 SW 23 ST  
MIAMI, FL 33145 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: P  
Name: LOZADA, YAMILET  
Address: 2351 SW 23 STREET  
City-St-Zip: MIAMI, FL 33145

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: YAMILET LOZADA

PRES

04/20/2011

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

\_\_\_\_\_  
Date