

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000089615

Entity Name: HOMEOPATHICA INC

FILED  
Apr 24, 2012  
Secretary of State

**Current Principal Place of Business:**

54 INDIAN TRACE RD  
WESTON  
WESTON, FL 33326

**New Principal Place of Business:**

2625 WESTON RD  
WESTON, FL 33331

**Current Mailing Address:**

54 INDIAN TRACE RD  
WESTON  
WESTON, FL 33326

**New Mailing Address:**

2625 WESTON RD  
WESTON, FL 33331

FEI Number: 27-3853024

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CABAN, LUIS  
799 LAKE BLVD  
WESTON  
WESTON, FL 33326 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: CABAN, LUIS  
Address: 799 LAKE BLVD  
City-St-Zip: WESTON, FL 33326

Title: VP  
Name: CABAN, ANA  
Address: 799 LAKE BLVD  
City-St-Zip: WESTON, FL 33326

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: LUIS E. CABAN

P

04/24/2012

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

\_\_\_\_\_  
Date