


FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90304 043 ***158.75

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P93000035545

1. Entity Name
 HOMESTEAD MEDICAL PHARMACY, INC.



Principal Place of Business 140 N.W. 135TH AVENUE MIAMI, FL 33182	Mailing Address 140 N.W. 135TH AVENUE MIAMI, FL 33182
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40060974



04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0416314	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

OSES, MARY
 140 NW 135TH AVENUE
 MIAMI, FL 33182

**DO NOT WRITE
 IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OSES, MARY 140 NW 135TH AVENUE MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSES, FABIO 140 NW 135TH AVENUE MIAMI, FL 33182
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**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #