

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000053737

FILED
Jan 04, 2008
Secretary of State

Entity Name: ORLY PHARMACY II, INC.

Current Principal Place of Business:

711 N.W. 23 AVE.
MIAMI, FL 33125 US

New Principal Place of Business:

Current Mailing Address:

711 N.W. 23 AVE.
MIAMI, FL 33125 US

New Mailing Address:

FEI Number: 65-0432321 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FABREGAS, LEILA M
8922 SW 17 TERRACE
MAIMI, FL 33165 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FABREGAS, LEILA A
Address: 8922 SW 17 TERRACE
City-St-Zip: MIAMI, FL

Title: S () Delete
Name: FERNANDEZ, LEIDET
Address: 711 NW 23RD AVE
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LEILA FABREGAS

Electronic Signature of Signing Officer or Director

OWNE

01/04/2008

Date