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06-24-2005 90003 028 ***150.00

FILED P94000015739

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -5 PM 3:46

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000015739	
1. Entity Name: SUNSET/SENTRY DRUGS, INC.	



Principal Place of Business 9783 S.W. 72 ST. MIAMI, FL 33173 US	Mailing Address 9783 SW 72ND ST. MIAMI, FL 33173
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40089373
REINSTATEMENT 05

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

06202005 Chg-P CR2E034 (10/03)

Zip	Country	Zip	Country
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4. FEI Number 65-0472307	Applied For ☐ Not Applicable
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6. Name and Address of Current Registered Agent CASTRO, HARRY 9783 SW 72 STREET MIAMI, FL 33173	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 qualifications of registered agent.

SIGNATURE: _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2005	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	POES CASTRO, HARRY 9783 S.W. 72 ST MIAMI, FL 33173 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 31. Address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
6/20/05 786-344 6523

2 of 2

Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

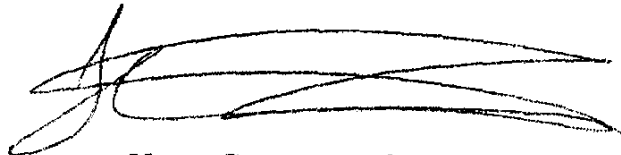
November 21, 2005

Attention: Gary

As per are phone conversations you stated to write you this letter stating that the postal address had changed from 9783 SW 72 St. Miami, Fl. 33173 to 500 Sound Dr. Key Largo, Fl. 33037 due to postal address changes the notice was never received. Correction was made on 07/21/2005 back to the old address of 9783 SW 72 St. Miami, Fla. 33173. My check was received for the \$150.00 and cashed by the Division of Corporations. Please waive late fees and penalties.

If, I can be of further assistance please contact me at (305) 271-3838,
Monday to Friday 9:00a.m. To 7:00p.m.

Thank You,

A handwritten signature in black ink, appearing to be 'Harry Castro', written over a horizontal line.

Harry Castro, President
Sunset Sentry Drugs