


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000030847 1. Entity Name FARMACIA 22-24 HIALEAH, INC.		
Principal Place of Business 2961 W 12TH AVE HIALEAH, FL 33012 US	Mailing Address 2961 W 12TH AVE HIALEAH, FL 33012 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ORTEGA, NUBIA 14517 S.W. 83RD STREET MIAMI, FL 33183		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORTEGA, NUBIA 14517 SW 83RD ST MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ORTEGA, RENE 5431 SW 150TH CT MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		03-22-06 <small>Date</small>



03192006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0497391** ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

000000480683
 04/11/06 80001-016 150.00

**DO NOT WRITE
IN THIS SPACE**