

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000062400

1. Entity Name
SAN MARTIN'S PHARMACY, INC.



FILED
Mar 22, 2004 08:00 AM
Secretary of State

Principal Place of Business
2255 SW 32ND AVENUE
MIAMI, FL 33145 US

Mailing Address
2255 SW 32ND AVENUE
MIAMI, FL 33145 US



01112004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0515222

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, MERCEDES G
1830 S.W. 93RD PL
MIAMI, FL 33165

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PVD
NAME	GONZALEZ, MERCEDES G
STREET ADDRESS	1830 SW 93 PL
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	M
NAME	GONZALEZ, MERCEDES G
STREET ADDRESS	1830 SW 93 PL
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/22/04-80028-020 150.00

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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: *Mercedes G. Gonzalez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03

Date

Daytime Phone #