

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

04-17-2007 90241 010 ***150.00

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



Principal Place of Business

**2255 SW 32ND AVENUE
MIAMI, FL 33145 US**

Mailing Address

**2255 SW 32ND AVENUE
MIAMI, FL 33145 US**

66012579



01062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FBI 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 33185**

**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]
Signature, typed or printed name of registered agent and date if applicable

4/30/07
(If not Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 33185
TITLE	M
NAME	GONZALEZ, MERCEDES G
STREET ADDRESS	1830 SW 93 PL
CITY - ST - ZIP	MIAMI, FL 33185
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07 (305) 4450033
Date Daytime Phone #