


FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90036 004 ***150.00

DOCUMENT # P96000088606				02-09-2006 90036 004 ***150.00	
1. Entity Name TUDELA PHARMACY, INC.					
Principal Place of Business 10961 SW 40 STREET MIAMI, FL 33165 US		Mailing Address 10961 SW 40 STREET MIAMI, FL 33165 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip Country		Zip Country			
6. Name and Address of Current Registered Agent GONZALEZ, MARIA 10961 SW 40 STREET MIAMI, FL 33165		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP PVST GONZALEZ, MARIA 10961 SW 40 ST. MIAMI, FL 33165 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP PVSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D GONZALEZ, MARIA 10961 SW 40 ST. MIAMI, FL 33165 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ 1-20-06 (305) 2238000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					