
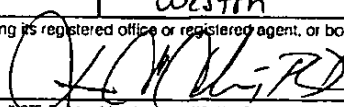
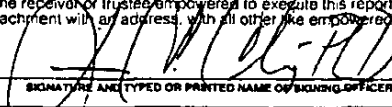


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

06-24-2005 90001 001 \*\*\*150.00

<b>DOCUMENT # P98000081229</b> 1. Entity Name <b>PHARMACY STRATEGIES, INC.</b>					
Principal Place of Business <b>799 LAKE BLVD. WESTON, FL 33326</b>			Mailing Address <b>799 LAKE BLVD. WESTON, FL 33326</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>65-0866753</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				06142005    Chg-P    CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>CROSS, R. KEVIN EA % SIR TAX 801 S. FEDERAL HIGHWAY HOLLYWOOD, FL 33020</b>			7. Name and Address of New Registered Agent Name <b>Luis Cuban</b> Street Address (P.O. Box Number is Not Acceptable) <b>799 Lake Blvd</b> City <b>Weston</b> FL      Zip Code <b>33326</b>		
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 <b>Luis Cuban</b>  DATE <b>6/15/05</b> <small>Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when transferring)      DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CABAN, ANA L 799 LAKE BLVD. WESTON, FL 33326 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CABAN, LUIS E 799 LAKE BLVD. WESTON, FL 33326 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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 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 repudator 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 the empowered.					
SIGNATURE: 			DATE <b>6/15/05</b> TELEPHONE <b>954-296-5406</b> <small>Signature and typed or printed name of signing officer or director      Date      Daytime Phone #</small>		

66024589



ATTACHMENT

66024589

## Tax Team

Tax & Accounting Services  
PO Box 814748  
Hollywood, FL 33081  
954-261-1592 954-270-6235 Fax: 954-430-1028  
[www.ourtaxteam.com](http://www.ourtaxteam.com)

July 7, 2005

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: ~~Pharmacy~~ Strategies, Inc.  
P98000081229

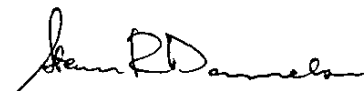
Dear Sir or Madam:

Our client, Pharmacy Strategies, Inc. recently mailed their renewal payment for their corporation for 2005.

We are requesting on their behalf that the penalty of \$400.00 be abated. They never received the renewal notice form earlier in the year, and per the notice on your website when they downloaded this renewal form, this penalty can be abated based on this reason.

Thank you for your prompt assistance in this matter.

Sincerely,



Steven R. Danielson, EA  
Enrolled Agent

Debra A. Heyer, EA  
Enrolled Agent  
[debbie@ourtaxteam.com](mailto:debbie@ourtaxteam.com)

Steven R. Danielson, EA  
Enrolled Agent  
Certified QuickBooks ProAdvisor  
[steve@ourtaxteam.com](mailto:steve@ourtaxteam.com)