

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000096926

1. Entity Name
MY PHARMACY OF HIALEAH, INC.



Principal Place of Business

**15043 S. DIXIE HWY
MIAMI, FL 33176 US**

Mailing Address

**15043 S. DIXIE HWY
MIAMI, FL 33176 US**

DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0875791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHIFF, JAMES M
9130 SOUTH DADELAND BOULEVARD
SUITE 1609
MIAMI, FL 33156**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000183870

01/20/05-80007-009 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------|
| TITLE | P |
| NAME | WARSHOFSKY, DAVID |
| STREET ADDRESS | 15043 S DIXIE HWY |
| CITY-ST-ZIP | MIAMI, FL 33176 |
| TITLE | V |
| NAME | WARSHOFSKY, GERALD |
| STREET ADDRESS | 15043 S DIXIE HWY |
| CITY-ST-ZIP | MIAMI, FL 33176 |
| TITLE | V |
| NAME | SMITH, ORIN E |
| STREET ADDRESS | 15043 S DIXIE HWY |
| CITY-ST-ZIP | MIAMI, FL 33176 |
| TITLE | TS |
| NAME | COLLAZO, ALLAN |
| STREET ADDRESS | 15043 S DIXIE HWY |
| CITY-ST-ZIP | MIAMI, FL 33176 |
| 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 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/05

305-239-2474