

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000096926

FILED  
Jan 05, 2006  
Secretary of State

Entity Name: MY PHARMACY OF HIALEAH, INC.

**Current Principal Place of Business:**

15043 S. DIXIE HWY  
MIAMI, FL 33176 US

**New Principal Place of Business:**

**Current Mailing Address:**

15043 S. DIXIE HWY  
MIAMI, FL 33176 US

**New Mailing Address:**

FEI Number: 65-0875791      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WARSHOFSKY, DAVID  
Address: 15043 S DIXIE HWY  
City-St-Zip: MIAMI, FL 33176

Title: V ( ) Delete  
Name: WARSHOFSKY, GERALD  
Address: 15043 S DIXIE HWY  
City-St-Zip: MIAMI, FL 33176

Title: V ( ) Delete  
Name: SMITH, ORIN E  
Address: 15043 S DIXIE HWY  
City-St-Zip: MIAMI, FL 33176

Title: TS ( ) Delete  
Name: COLLAZO, ALLAN  
Address: 15043 S DIXIE HWY  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID WARSHOFSKY

P

01/05/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date