2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2005 8:00 am Secretary of State

DOCUMENT # P98000097026 1. Entity Name CLICKPHARMACY.COM, INC.						03-21-2005 90127 024 ***150.00		
Principal Place	e of Business	Mailing Address						
8780 SW 8TH ST Miami, FL 33174		8780 SW 8TH ST Miami, Fl 33174					50	029827
2. Principal Place of Business		3. Mailing Address					 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02092005	Chg-P	CR2E034 (10/0	03)
City & State		City & State			4. FEI Numbe 65-087			Applied For Not Applicable
Zip Country		Zip Country		try		of Status Desired_	\$8.75	Additional
ا طور الرابطانيات ال		Joseph Sand	2 Tan 1944	<u>,</u>	organization (Fee Req	uired
	6. Name and Address of Current F	registered Agent		Name	7. Name and	Address of New R	egistered Agent	
STRICKROOT, JOHN C 100 S.E. 2ND STREET, 17TH FLOOR MIAMI, FL 33174					Address (P.O. Box Number is Not Acceptable)			
				City	The same of the sa		FL Zip C	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 CONTROL OF A STATE OF A								
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 Trust Fund Contribu				cina	\$5.00 May Be Added to Fees		- ()	and Table C
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	ICERS AND DIRECT	ORS IN 11
TITLE	PD	□ Delete	TITLE	1		ě	☐ Chan	ge 🔲 Addition
NAME STREET ADDRESS	RODRIGUEZ, G. MARIA 8790 SW 8TH STREET		NAME	ET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33174			ST-ZIP				
TITLE	VPT	- Delete	TITLE				☐ Chan	ge Addition
NAME	ESCUDERO, ENRIQUE A	<u></u>	NAME	:				<u> </u>
STREET ADDRESS*	STREET	^{-%}		ET ADDRESS	-		•	
	MIAMI, FL 33174		╂	ST-ZIP				
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CITY-ST-ZIP	MIAMI, FL 33174		ÇITY-	ST-ZIP				
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CITY-ST-ZIP ` - 1	100 kg papar Seri		-	ST-ZIP				F7
TITLE NAME	AND ASSESSMENT ASSESSMENT	Delete ~ , s≥ co	NAME		eindegust erbss	Miss of the	☐ Chan	ge 🔲 Addition
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				ST-ZIP				•
12. I hereby o	certify that the information supplied with	this filing does not qualify for	the exer	nption stated in	Section 119.07(3)(i), Florida Statutes. I	further certify that the	e information

Thereby certify that the information supplied with this litting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Truther 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:

NATURE AND TYPED OR PHINTED NAME OF SIGNING OPPICER OR DIRECTOR

2-10-05

325, 226, 8373

Date

Daytime Phone #