

DOCUMENT # F18287

Entity Name
Farmacia Cali, Inc.

Principal Place of Business
1924-26 W. 60 St.
Hialeah, FL 33012

Mailing Address
8550 W. Flagler St.
#110
Miami, FL 33012

Principal Place of Business
Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Country
Country

Zip
Country

Amended
Annual Report
FILED
02 APR 30 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number
592071776

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Negrin, Salvador
1924-26 W. 60 St.
Hialeah, FL 33012

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	ADDRESS	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P Negrin, Salvador	1924-26 W. 60 St. Hialeah, FL 33012	<input type="checkbox"/> Delete	NAME	D, P, S Negrin, Salvador	
S Negrin, Ruben	1924-26 W. 60 St. Hialeah, FL 33012	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	1924-26 W. 60 St.	
D Dominguez, Ada	1924-26 W. 60 St. Hialeah, FL 33012	<input checked="" type="checkbox"/> Delete	CITY-ST-ZIP	Hialeah FL 33012	
		<input type="checkbox"/> Delete			
		<input type="checkbox"/> Delete			
		<input type="checkbox"/> Delete			
		<input type="checkbox"/> Delete			
		<input type="checkbox"/> Delete			

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 stated 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CR2E034 (9/01)