2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P99000091927 1. Entity Name 04-26-2004 90990 014 ***150.00 PRESCRIPTION-WORLD, INC. Principal Place of Business Mailing Address 9655 S. DIXIE HIGHWAY, SUITE 209 94067231 9055 S. DIXIE HIGHWAY, SUITE 209 **MIAMI FL 33156** WIAMI PL 33156 2. Principal Place of Business 3. Mailing Address SW 1487# 57 89255W148TH5T. Suite, Aat. #, etc. CR2E034 (11/03) 200 Applied For City & State 4. FEI Number City & State 65-0967833 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name® FRIEDMAN, RICHARD N Street Address (P.O. Box Number is Not Acceptable) +9655 S. DIXIE HIGHWAY, SUITE 209 MIAMI FL 33156 Zip Code 9. 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 agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10 11. Change Addition □ Defete TITLE FRIEDMAN, RICHARD N NAME NAME 9655 S. DIXIE HIGHWAY, SUITE 209. STREET ADDRESS 8925 SW 148 VH 5V, STREET ADDRESS CITY-ST-ZIP MIAMI FL 93150 CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 like empower

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