

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

3/8/

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90021 012 \*\*\*150.00

**DOCUMENT # S58228**

1. Entity Name  
CABANA PHARMACY, INC.



Principal Place of Business

119 N.W. 29TH ST.  
MIAMI, FL 33127

Mailing Address

119 N.W. 29TH ST.  
MIAMI, FL 33127

65005443



02162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0278967	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, DOLORES  
119 NW 29TH ST  
MIAMI, FL 33127

**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]*

(NOTE: Registered Agent signature required when reappointing)

2-27-07

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARTINEZ, DOLORES C
STREET ADDRESS	119 NW 29TH STREET
CITY-ST-ZIP	MIAMI, FL 33127

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 empowerments.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-07

Date

Daytime Phone #