

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # S90978</b> 1. Entity Name <b>PRIMERA FARMACIA LATINA, INC.</b>	
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Principal Place of Business 300 SW 107 AVE STE #113 MIAMI, FL 33174	Mailing Address 300 SW 107 AVE STE #113 MIAMI, FL 33174
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**DO NOT WRITE IN THIS SPACE**

FILED  
04 APR 26 PM 12:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0297277</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

CALATAYUD, ANTONIO  
300 SW 107 AVE  
SRE 113  
MIAMI, FL 33174

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

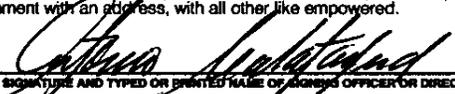
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD CALATAYUD, ANTONIO 300 S.W. 107 AVENUE MIAMI, FL 33174
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000035822690  
05/10/04--01081--012 \*\*150.00

**DO NOT WRITE  
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12. 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 empowered.

**SIGNATURE:**  **04-24-04**

SIGNATURE AND TYPED OR PRINTED NAME OF ADDRESS OFFICER OR DIRECTOR Date Daytime Phone #