

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H98934

Entity Name: SYLVESTRE PHARMACY CORP.**Current Principal Place of Business:**1268 PALM AVE
HIALEAH, FL 33010**Current Mailing Address:**1268 PALM AVE
HIALEAH, FL 33010**FEI Number:** 59-2696617**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RODRIGUEZ, LILIA
1268 PALM AVE
MIAMI, FL 33010 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P	Title	VP
Name	RODRIGUEZ, LILIA	Name	RODRIGUEZ, IVONNE
Address	1268 PALM AVE	Address	1268 PALM AVE
City-State-Zip:	HIALEAH FL 33010	City-State-Zip:	HIALEAH FL 33010
Title	DIRECTOR	Title	MANAGER
Name	RODRIGUEZ, ARMANDO	Name	GONZALEZ, YADIRIS
Address	1268 PALM AVE	Address	1268 PALM AVE
City-State-Zip:	HIALEAH FL 33010	City-State-Zip:	HIALEAH FL 33010

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: IVONNE RODRIGUEZ

VP

04/09/2021

Electronic Signature of Signing Officer/Director Detail_____
Date