

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000059883

**Entity Name:** ANT PHARMACY INC

**Current Principal Place of Business:**

3800 INVERRARY BLVD  
400-A  
LAUDERHILL, FL 33319

**Current Mailing Address:**

8130 NW 50 ST  
CORAL SPRINGS, FL 33067 US

**FEI Number:** 84-2477391

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MEGA 1 SERVICES INC  
3800 INVERRARY BLVD  
400-A  
LAUDERHILL, FL 33319 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  
Name THOMAS, DAVE A  
Address 8130 NW 50 ST  
City-State-Zip: CORAL SPRINGS FL 33067

Title VP,S  
Name THOMAS, DEONNE A  
Address 8130 NW 50 ST  
City-State-Zip: CORAL SPRINGS FL 33067

*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:** DAVE THOMAS

P

04/29/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date