

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92897

FILED
Apr 30, 2008
Secretary of State

Entity Name: VISA PHARMACY AND DISCOUNT STORE INC.

Current Principal Place of Business:

1700 W. 68TH STREET
HIALEAH, FL 33014

New Principal Place of Business:

Current Mailing Address:

6303 BLUE LAGOON DRIVE
SUITE 390
MIAMI, FL 331266005

New Mailing Address:

FEI Number: 59-2231205 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARQUEZ&MARCELO-ROBAINA, PA
6303 BLUE LAGOON DRIVE
SUITE 390
MIAMI, FL 331266005 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COB () Delete
Name: GUERRA, ARMANDO J
Address: 9475 JOURNEY'S END ROAD
City-St-Zip: CORAL GABLES, FL 33156

Title: SVD () Delete
Name: GUERRA, ALBERTO
Address: 241 CAPE FLORIDA DR
City-St-Zip: KEY BISCAYNE, FL 33149

Title: P () Delete
Name: CUERVO, LEONCIO
Address: 13092 N.W. 11 COURT
City-St-Zip: SUNRISE, FL 33323

Title: D () Delete
Name: DIAZ, JOSE F
Address: 9301 S.W. 103 STREET
City-St-Zip: MIAMI, FL 331763056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LEONCIO CUERVO

P

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date