

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90104 013 ***150.00

0673391
FP

DOCUMENT # K25781

1. Entity Name
HYPERDRUGS ENTERPRISES, INC.



Principal Place of Business
6410 NW 186 ST
MIAMI LAKES FL 33015

Mailing Address
782 NW LEJEUNE RD
SUITE 548
MIAMI FL 33126



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0054908**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARQUEZ, JOSE M. ESQ
782 NW LEJEUNE ROAD
SUITE 548
MIAMI FL 33126

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
NAME **GUERRA, ARMANDO J.**
STREET ADDRESS **9475 JOURNEY'S END RD**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE D Change Addition
NAME **GUERRA, ARMANDO J.**
STREET ADDRESS **9475 Journey's End Road**
CITY-ST-ZIP **Coral Gables, FL 33156**

TITLE VD Delete
NAME **DIAZ, JOSE F.**
STREET ADDRESS **9301 SW 103 ST**
CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME **GUERRA, ALBERTO**
STREET ADDRESS **241 CAPE FLORIDA DRIVE**
CITY-ST-ZIP **KEY BISCAAYNE FL 33149**

TITLE S Change Addition
NAME **GUERRA, ALBERTO**
STREET ADDRESS **241 Cape Florida Drive**
CITY-ST-ZIP **Key Biscayne, FL 33149**

TITLE S Delete
NAME **CUERVO, LEONCIO**
STREET ADDRESS **13092 NW 11 CT**
CITY-ST-ZIP **FORT LAUDERDALE FL 33323**

TITLE P Change Addition
NAME **CUERVO, LEONCIO**
STREET ADDRESS **13092 NW 11 Court**
CITY-ST-ZIP **Sunrise, FL 33323**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/2003

(305) 447-1160

Date

Daytime Phone #

CR2E034 (10/02)