2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2004 8:00 am Secretary of State

DOCUMENT # P03000018725 1. Entity Name ST. JOHNS DRUG STORE INC.					04-12-2004	4 90661 012 ***	150.00
Principal Place	e of Business	Mailing Address		7	• • 0 9 77	20	
5631 SW 8 ST. MIAMI, FL 33134		5631 SW 8 ST. Miami, Fl 33134			440277		
					186 (1111 68 11) 16 48 63 111	. 	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03312004	Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Number 82.0	5871	^ / - -	oplied For ot Applicable
Zip	Country	==Zip==================================	.Country	5. Certificate of	Status Desired	\$8.75 Ad	
	6. Name and Address of Current R	Penistered Agent		7 Name and A	ddress of New Re	Fee Require	<u> </u>
<u> </u>	o. Halle and Addition of Controller	logiotoroa Agent	Name		201000 01110	<u>, , , , , , , , , , , , , , , , , , , </u>	
ESTEVEZ, BELORMINO 9602 SW 37 ST.		Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL 	33165						
,			City			FL Zip Coo	Je
	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	gistered office or regis	tered agent, or both,	in the State of Flor	ida. I am familiar with	and accept
SIGNATURE.	Signature, typed or printed name of registered agent as	d Ma Sanatianala (NATE D	f egistered Agent signature requ	and when minetaking		DATE 5	
<u> </u>	Signature, typed or protect traine or registered agent at	ing me is approprie	egistered Agent wys store redu				· · · · ·
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	Selection Campaign Trust Fund Contribution		5.00 May Be dded to Fees			
10.	OFFICERS AND (DIRECTORS		ADDITIONS (C			
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NAME: STREET ADDRESS	ESTEVEZ, BELARMINO		TITLE NAME	ADDITIONS/C	HANGES TO OFFIC		
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #