

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F92897

**Entity Name:** VISA PHARMACY AND DISCOUNT STORE INC.

**Current Principal Place of Business:**

1390 SOUTH DIXIE HIGHWAY SUITE 1200  
CORAL GABLES, FL 33146

**Current Mailing Address:**

2100 SALZEDO STREET  
SUITE 300  
CORAL GABLES, FL 33134 US

**FEI Number:** 59-2231205

**Certificate of Status Desired:** No

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

ARAZOZA & FERNANDEZ-FRAGA, P.A.  
2100 SALZEDO STREET  
SUITE 300  
CORAL GABLES, FL 33134 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 COB  
Name GUERRA, ARMANDO J  
Address 1390 SOUTH DIXIE HIGHWAY SUITE  
1200  
City-State-Zip: CORAL GABLES FL 33146

Title SVD  
Name GUERRA, ALBERTO  
Address 1390 SOUTH DIXIE HIGHWAY SUITE  
1200  
City-State-Zip: CORAL GABLES FL 33146

Title P  
Name CUERVO, LEONCIO  
Address 1390 SOUTH DIXIE HIGHWAY SUITE  
1200  
City-State-Zip: CORAL GABLES FL 33146

Title D  
Name DIAZ, JOSE F  
Address 1390 SOUTH DIXIE HIGHWAY SUITE  
1200  
City-State-Zip: CORAL GABLES FL 33146

*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:** ARMANDO J GUERRA

COB

02/17/2014

Electronic Signature of Signing Officer/Director Detail

Date