

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90052 002 ***150.00

DOCUMENT # 167881

1. Entity Name
LIVE AND LET LIVE DRUG STORE INC



Principal Place of Business
**3520 N.W. 17TH AVENUE
MIAMI, FL 33142**

Mailing Address
**3129 W HALL BCH BLVD
#107
PEMBROKE PARK, FL 33009 US**

40012149



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0711817

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HARRIS, DAVID
4921 N. 36TH COURT
HOLLYWOOD, FL**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD HARRIS, DAVID 4921 N. 36TH COURT HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HERRIS, IRVING 3400 S. OCEAN BLVD #38 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WETCHER, LILLIAN LILLIAN 901 SW 141ST AVE M212 HOLLYWOOD, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

Lillian Wetcher Secy 1/30/07-954-966-6730