2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 316213

1. Entity Name
RELIABLE SUPER DRUGS, INC.

Principal Place of Business	Mailing Address
2168 NE 123 ST	2168 NE 123 ST
N MIAMI, FL 33181 US	N MIAMI, FL 33181 US

DO NOT WRITE IN THIS SPACE

03012008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1196580	Not Applicable

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

6. Name and Address of Current Registered Agent

AUTERA, SALVATORE
2168 NE 123RD STREET
2168 NE 123 ST
N MIAMI, FL 33181

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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	AUTERA, SALVATORE
STREET ADDRESS	1851 NW 167TH AVE
CITY-ST-ZIP	PEMBROKE PINES, FL 33128
TITLE	T
NAME	AUTERA, NATALIE
STREET ADDRESS	1851 NW 167TH AVE
CITY-ST-ZIP	PEMBROKE PINES, FL 33128
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000848025
03/20/08-80001-001 150.00

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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: X _____   X 3-1-08   X 305-893-5202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #