


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 491165 1. Entity Name DRUG CENTER, INC. |  |
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| Principal Place of Business 1625 PALM AVE. HIALEAH, FL 33010 | Mailing Address 1625 PALM AVE. HIALEAH, FL 33010 |
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DO NOT WRITE IN THIS SPACE



03272007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-1680708 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent MORENO, IRIS V. 1625 PALM AVE. HIALEAH, FL |
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**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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP QUEVEDO, RENE 860 S.E. 1 PLACE HIALEAH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MORENO, IRIS V. 210 E. 15TH ST. HIALEAH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORENO, IRIS V. 210 E. 15TH ST. HIALEAH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MORENO, RAFAEL 210 EAST 15 STREET HIALEAH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MORENO, HECTOR L. 210 EAST 15 ST. HIALEAH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORENO, JULIO D 210 E 15 ST. HIALEAH, FL |

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IN THIS SPACE**

U00000684320
04/06/07-80027-013 150.00

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:  **04/28/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #