

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # 491165

1. Entity Name
DRUG CENTER, INC.



Principal Place of Business

1625 PALM AVE.
HIALEAH, FL 33010

Mailing Address

1625 PALM AVE.
HIALEAH, FL 33010



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1680708

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

MORENO, IRIS V.
1625 PALM AVE.
HIALEAH, 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000943219
05/29/08-80051-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	QUEVEDO, RENE
STREET ADDRESS	860 S.E. 1 PLACE
CITY-ST-ZIP	HIALEAH, FL
TITLE	P
NAME	MORENO, IRIS V.
STREET ADDRESS	210 E. 15TH ST.
CITY-ST-ZIP	HIALEAH, FL
TITLE	D
NAME	MORENO, IRIS V.
STREET ADDRESS	210 E. 15TH ST.
CITY-ST-ZIP	HIALEAH, FL
TITLE	S
NAME	MORENO, RAFAEL
STREET ADDRESS	210 EAST 15 STREET
CITY-ST-ZIP	HIALEAH, FL
TITLE	T
NAME	MORENO, HECTOR L
STREET ADDRESS	210 EAST 15 ST.
CITY-ST-ZIP	HIALEAH, FL
TITLE	D
NAME	MORENO, JULIO D
STREET ADDRESS	210 E 15 ST.
CITY-ST-ZIP	HIALEAH, FL

**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 #

RPR-24-08 305-887-7900