

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 491165

FILED  
Apr 28, 2011  
Secretary of State

Entity Name: DRUG CENTER, INC.

**Current Principal Place of Business:**

1625 PALM AVE.  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

1625 PALM AVE.  
HIALEAH, FL 33010

**New Mailing Address:**

FEI Number: 59-1680708

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORENO, IRIS V.  
1625 PALM AVE.  
HIALEAH, FL US

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

MORENO, IRIS V.  
1625 PALM AVE.  
HIALEAH, FL 33010 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: IRIS V MORENO

04/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: QUEVEDO, RENE  
Address: 860 S.E. 1 PLACE  
City-St-Zip: HIALEAH, FL

Title: P  
Name: MORENO, IRIS V.  
Address: 210 E. 15TH ST.  
City-St-Zip: HIALEAH, FL

Title: D  
Name: MORENO, IRIS V.  
Address: 210 E. 15TH ST.  
City-St-Zip: HIALEAH, FL

Title: S  
Name: MORENO, RAFAEL  
Address: 210 EAST 15 STREET  
City-St-Zip: HIALEAH, FL

Title: T  
Name: MORENO, HECTOR L  
Address: 210 EAST 15 ST.  
City-St-Zip: HIALEAH, FL

Title: D  
Name: MORENO, JULIO D  
Address: 210 E 15 ST.  
City-St-Zip: HIALEAH, FL

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: RENE QUEVEDO

VP

04/28/2011

Electronic Signature of Signing Officer or Director

Date