2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 522606

FILED Apr 30, 2009 Secretary of State

Entity Name: SEDANO'S PHARMACY AND DISCOUNT STORES, INC.

Current Principal Place of Business:			New Principal Place of Business:	
9686 SW CORAL WAY MIAMI, FL 33165			1390 SOUTH DIXIE HIGHWAY 2120 CORAL GABLES, FL 33146 US	
Current Mailing Address:			New Mailing Address:	
9686 SW CORAL WAY			6505 BLUE LAGOON DRIVE	
MIAMI, FL			130 MIAMI, FL 33126-604	
FEI Number:	59-1728771	FEI Number Applied For () FEI Nu	ımber Not Applicable ()	Certificate of Status Desired ()
Name and	Address of Cu	rrent Registered Agent:	Name and Address of	of New Registered Agent:
MARQUEZ & MARCELO ROBAINA, P.A 6303 BLUE LAGOON DRIVE SUITE 390 MIAMI, FL 331266005 US			MARQUEZ & MARCELO ROBAINA, P.A 6505 BLUE LAGOON DRIVE SUITE 130 MIAMI, FL 331266041 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.				
SIGNATUR	E: MAGDA M	ARCELO-ROBAINA		04/30/2009
	Electronic	Signature of Registered Agent		Date
Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () E GUERRA, ARMAN 9475 JOURNEY'S CORAL GABLES	S END ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DS ()E HERRAN, MANUE 8460 SW 5TH ST MIAMI, FL 33144	REET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DVP () E GUERRA, ALBER 241 CAPE FLOR KEY BISCAYNE,	DA DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP () E SALGUEIRO, HEI 1524 SW 66 CO MIAMI, FL 33144	JRT	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DVAS () DIAZ, JOSE F 9301 SW 103RD MIAMI, FL 33176		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DVP () E GUERRA, MARIA 9475 JOURNEY'S CORAL GABLES	S END ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition
I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARMANDO J. GUERRA P 04/30/2009