## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F49539

FILED Apr 22, 2004 Secretary of State

Entity Name: NAVARRO DISCOUNT PHARMACIES NO. 2, INC.

Current P	rincipal Place	of Business:	New Princ	ipal Place of E	Business:	
949 SW ( //IAMI, FL	8TH STREET 33134 US					
urrent N	lailing Address	::	New Maili	ng Address:		
959 NW IIAMI, FL	37TH AVENUE 33142 US					
El Number	: 59-2130901	FEI Number Applied For()	FEI Number Not Appl	cable ( )	Certificate of Status Des	ired ( )
ame and	d Address of Cu	ırrent Registered Agent:	Name and	Address of Ne	ew Registered Agen	t:
	D, MARCEL L 37TH AVENUE 33142 US					
'ha ahave			. nurnaga of changing it		ice or registered ager	at or both
	e named entity si e of Florida.	ubmits this statement for the	purpose or changing in	s registerea on	ice of registered agei	it, or both,
the Stat	e of Florida. RE:			s registered on	ice of registered agei	it, or both,
n the Stat	e of Florida. RE:	c Signature of Registered A		s registered on	Date	nt, or both,
the Stat	e of Florida. RE: Electronic			s registered on		TE, OF BOUT,
n the Stat	e of Florida. RE: Electronic	c Signature of Registered A	gent			
the Stati	e of Florida.  RE: Electronic mpaign Financing  S AND DIRECT	© Signature of Registered Ag Trust Fund Contribution ( ). ORS: Delete E F AVENUE	gent	S/CHANGES 1	Date	
the State	e of Florida.  RE: Electronic  mpaign Financing  S AND DIRECT  PD () I  NAVARRO, JOSE 5959 NW 37TH A  MIAMI, FL 3314:	C Signature of Registered Activities (1).  ORS: Delete E F AVENUE 2 Delete G. AVENUE	gent  ADDITION  Title: Name: Address:	S/CHANGES T	Date  TO OFFICERS AND I	
n the Stati dGNATU dection Car dection Car efficer ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress:	e of Florida.  RE: Electronic mpaign Financing  S AND DIRECT  PD () I NAVARRO, JOSE 5959 NW 37TH A MIAMI, FL 3314:  DVP () I NAVARRO, LUIS 5959 NW 37TH A MIAMI, FL 3314:	C Signature of Registered Agentrical Contribution ( ).  ORS: Delete E F AVENUE 2 Delete G. AVENUE 2 Delete CEL L DVPST AVENUE	gent  ADDITION  Title: Name: Address: City-St-Zip:  Title: Name: Address:	S/CHANGES T	Date  TO OFFICERS AND I Change ( ) Addition  Change ( ) Addition  Change ( ) Addition  CEL L DVPST  AVENUE	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARCEL L. NAVARRO DVST 04/22/2004