2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121860

Entity Name: NAVARRO DISCOUNT PHARMACIES, LLC.

FILED Feb 20, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9400 NW 104 STREET MEDLEY, FL 33178 **Current Mailing Address: New Mailing Address:** 9400 NW 104 STREET MEDLEY, FL 33178 FEI Number: 76-0846596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NAVARRO, MARCEL NAVARRO DISTRIBUTIION CENTER, LLC 9400 NW 104 STREET 9400 NW 104 STREET MEDLEY, FL 33178 MEDLEY, FL 33178 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: NAVARRO DISTRIBUTION CENTER, LLC 02/20/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: (X) Change () Addition () Delete NAVARRO, JOSE F FERNANDEZ, MIGUEL B MGR Name: Name: 9400 NW 104 STREET Address: 9400 NW 104 STREET Address: City-St-Zip: MEDLEY, FL 33178 City-St-Zip: MEDLEY, FL 33178 Title: MGR Title: (X) Change () Addition () Delete NAVARRO, GABRIEL L Name: CABRERA, MARCIO MGR Name: Address: 9400 NW 104 STREET Address: 9400 NW 104 STREET City-St-Zip: MEDLEY, FL 33178 City-St-Zip: MEDLEY, FL 33178 Title: () Delete Title: () Change (X) Addition SALADRIGAS, CARLOS MGR Name: Name: 9400 NW 104TH STREET Address: Address: City-St-Zip: City-St-Zip: MEDLEY, FL 33178 Title: () Delete Title: MGR () Change (X) Addition Name: Name: NAVARRO, JOSE F MGR 9400 NW 104TH STREET Address: Address: City-St-Zip: City-St-Zip: MEDLEY, FL 33178

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: NAVARRO DISTRIBUTION CENTER, LLC

() Delete

Title:

Name:

Address:

City-St-Zip:

MGR

02/20/2008

() Change (X) Addition

NAVARRO, GABRIEL L MGR

9400 NW 104TH STREET

MEDLEY, FL 33178