
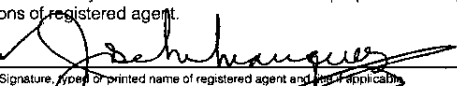
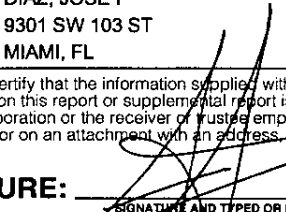


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90528 042 ***150.00

DOCUMENT # M10151					
1. Entity Name S.P.D. PHARMACY AND DISCOUNT STORE, INC.					
Principal Place of Business 13655 S.W. 26TH STREET MIAMI, FL 33175			Mailing Address 782 NW LEJEUNE ROAD 548 MIAMI, FL 33126		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2484589	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
MARQUEZ, JOSE M. 782 NW LEJEUNE ROAD SUITE 548 MIAMI, FL 33126		Name Street Address (P.O. Box Number is Not Acceptable) City			
		Law Offices of Marquez & Marcelo Robaina, P.A. LeJeune Center, Suite 548 782 N.W. LeJeune Road Miami, Florida 33126 FL Zip Code			
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: 		(NOTE: Registered Agent signature required when reinstating)		DATE: 4/15/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	COB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUERRA, ARMANDO J	NAME	GUERRA, ARMANDO J.		
STREET ADDRESS	9475 JOURNEY'S END RD	STREET ADDRESS	9475 Journey's End Road		
CITY-ST-ZIP	CORAL GABLES, FL 33156	CITY-ST-ZIP	Coral Gables, FL 33156		
TITLE	D <input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GUERRA, ALBERTO	NAME	GUERRA, Alberto		
STREET ADDRESS	241 CAPE FLORIDA DRIVE	STREET ADDRESS	241 Cape Florida Drive		
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	CITY-ST-ZIP	Key Biscayne, FL 33149		
TITLE	P <input type="checkbox"/> Delete	TITLE			
NAME	CUERVO, LEONCIO	NAME			
STREET ADDRESS	13092 NW 11 COURT	STREET ADDRESS			
CITY-ST-ZIP	SUNRISE, FL 33323	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE			
NAME	GUERRA, JORGE	NAME			
STREET ADDRESS	8440 S.W. 58 STREET	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE			
NAME	SALGUERIO, ANSELMO	NAME			
STREET ADDRESS	6351 S.W. 20 STREET	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33155	CITY-ST-ZIP			
TITLE	DV <input type="checkbox"/> Delete	TITLE			
NAME	DIAZ, JOSE F	NAME			
STREET ADDRESS	9301 SW 103 ST	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		04/15/2004		(305) 447-1160	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	