

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# M29548

**FILED
Oct 09, 2007
Secretary of State**

Entity Name: TORRES PHARMACY DISCOUNT INC.

Current Principal Place of Business:

553-B E 9TH ST.
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

553-B E 9TH ST.
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 59-2687610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, OBDULIA
6040 SW 30TH ST.
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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: OBDULIA TORRES

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TORRES, OBDULIA,
Address: 6040 SW 30TH ST.
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TORRES, OBDULIA,
Address: 6040 SW 30TH ST.
City-St-Zip: MIAMI, FL 33155

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: OBDULIA TORRES

Electronic Signature of Signing Officer or Director

PD

10/09/2007

Date