

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 90528 043 ***150.00

DOCUMENT # M46397

1. Entity Name
METRO PHARMACY AND DISCOUNT STORE INC.



Principal Place of Business
**11865A S.W. 26TH STREET
MIAMI, FL 33175**

Mailing Address
**782 N.W. LEJEUNE ROAD., SUITE 548
MIAMI, FL 33175**

54041204



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-2755331

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARQUEZ, JOSE M ESQ
782 NW LEJEUNE ROAD
SUITE 548
MIAMI, FL 33126**

Name

Street Address (P.O. Box, if applicable)

**Law Offices of
Marquez & Marcelo Robaina, P.A.
LeJeune Center, Suite 548**

City

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/15/2004

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
GUERRA, ARMANDO
9475 JOURNEY'S END ROAD
CORAL GABLES, FL 33156**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VPD
DIAZ, JOSE F
9301 SW 103 STREET
MIAMI, FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
GUERRA, ALBERTO
241 CAPE FLORIDA DRIVE
KEY BISCAVNE, FL 33149**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
CUERVO, LEONCIO
13092 N.W. 11TH COURT
SUNRISE, FL 33323**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
RODRIGUEZ, ENOEL
2351 S.W. 127TH AVENUE
MIAMI, FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**COB
GUERRA, ARMANDO J.
9475 Journey's End Road
Coral Gables, FL 33156**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
GUERRA, Alberto
241 Cape Florida Drive
Key Biscayne, FL 33149**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T
RODRIGUEZ, Enoel
2351 SW 127 Avenue
Miami, FLOFIDA**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 a address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/2004

Date

(305) 447-1160

Daytime Phone #