


**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      Mailing Address  
**11865A S.W. 26TH STREET**      **782 N.W. LEJEUNE ROAD., SUITE 548**  
**MIAMI, FL 33175**      **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  
Zip      Country      Zip      Country

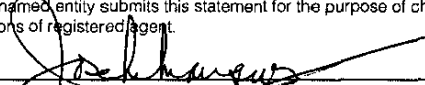
4. FEI Number      Applied For  
**59-2755331**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**MARQUEZ, JOSE M ESQ**  
**782 NW LEJEUNE ROAD**  
**SUITE 548**  
**MIAMI, FL 33126**

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box or Mailing Address, if applicable)  
**Law Offices of**  
**Marquez & Marcelo Robaina, P.A.**  
**LeJeune Center, Suite 548**  
City      **782 N.W. LeJeune Road**      **FL**      Zip Code  
**Miami, Florida 33126**

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:       DATE: **04/15/2004**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIAZ, JOSE F 9301 SW 103 STREET MIAMI, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUERRA, ALBERTO 241 CAPE FLORIDA DRIVE KEY BISCAZYNE, FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUERVO, LEONCIO 13092 N.W. 11TH COURT SUNRISE, FL 33323	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, ENOEL 2351 S.W. 127TH AVENUE MIAMI, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERRA, Alberto 241 Cape Florida Drive Key Biscayne, FL 33149	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, Enoel 2351 SW 127 Avenue Miami, FLOFIDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:**       Date: **04/15/2004**      Daytime Phone #: **(305) 447-1160**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #