
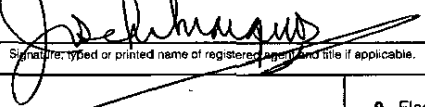
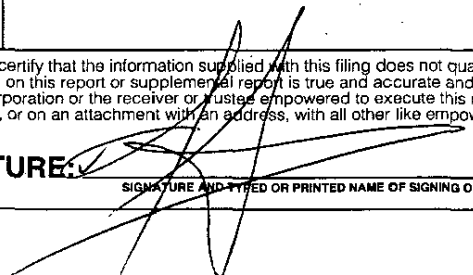


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 90528 045 \*\*\*150.00

<b>DOCUMENT # M48271</b> 1. Entity Name <b>LATIN QUARTER PHARMACY AND DISCOUNT STORE INC.</b>					
Principal Place of Business <b>1601 W FLAGLER ST MIAMI, FL 33135</b>			Mailing Address <b>782 NW LEJEUNE ROAD 528 MIAMI, FL 33126</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04212004    Chg-P    CR2E034 (10/03)	
Zip		Country		4. FEI Number <b>59-2780532</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARQUEZ, JOSE M 782 NW LEJEUNE ROAD SUITE 548 MIAMI, FL 33126</b>			7. Name and Address of New Registered Agent Name <b>Law Offices of</b> <b>Marquez &amp; Marcelo Robaina, P.A.</b> <b>LeJeune Center, Suite 548</b> City <b>782 N.W. LeJeune Road</b> <b>FL</b> Zip Code <b>Miami, Florida 33126</b>		
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 				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. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <b>GUERRA, ARMANDO J</b> <input type="checkbox"/> Delete <b>9475 JOURNEY'S END ROAD CORAL GABLES, FL 33156</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GUERRA, Alberto</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>241 Cape Florida Drive Key Biscayne, FL 33149</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>CUERVO, LEONCIO</b> <input type="checkbox"/> Delete <b>13092 NW 11 COURT SUNRISE, FL 33323</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <b>DIAZ, Jose F.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>9301 SW 103 Street Miami, FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GUERRA, ALBERTO</b> <input type="checkbox"/> Delete <b>241 CAPE FLORIDA DRIVE KEY BISCAINE, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>CUERVO, LEONCIO</b> <input type="checkbox"/> Delete <b>13092 NW 11 COURT SUNRISE, FL 33323</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>GUERRA, ALBERTO</b> <input type="checkbox"/> Delete <b>241 CAPE FLORIDA DRIVE KEY BISCAINE, FL</b>		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"/> Delete		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 an address, with all other like empowered.					
SIGNATURE: 				04/15/2004 (305) 447-1160 Date    Daytime Phone #	