

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M48271

FILED
Apr 19, 2006
Secretary of State

Entity Name: LATIN QUARTER PHARMACY AND DISCOUNT STORE INC.

Current Principal Place of Business:

1601 W FLAGLER ST
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

6303 BLUE LAGOON DRIVE
SUITE 390
MIAMI, FL 331266005

New Mailing Address:

FEI Number: 59-2780532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARQUEZ & MARCELO-ROBAINA, PA
6303 BLUE LAGOON DRIVE
SUITE 390
MIAMI, FL 331266005 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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COB () Delete
Name: GUERRA, ARMANDO J
Address: 9475 JOURNEY'S END ROAD
City-St-Zip: CORAL GABLES, FL 33156

Title: P () Delete
Name: CUERVO, LEONCIO
Address: 13092 NW 11 COURT
City-St-Zip: SUNRISE, FL 33323

Title: DS () Delete
Name: GUERRA, ALBERTO
Address: 241 CAPE FLORIDA DRIVE
City-St-Zip: KEY BISCAZYNE, FL 33149

Title: DVP () Delete
Name: DIAZ, JOSE F
Address: 9301 SW 103 STREET
City-St-Zip: MIAMI, FL 331763056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LEONCIO CUERVO

P

04/19/2006

Electronic Signature of Signing Officer or Director

_____ Date