FILED
May 16, 2008 8:00 am
Secretary of State
05-16-2008 90022 014 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M51170

1. Entity Name
MAGGY PHARMACY DISCOUNT, INC.

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40103337

2. Principal Place of Business	3. Mailing Address
1255 W 46 ST.	1255 W. 46 ST
Suite, Apt. #, etc. STORE 5 & 6	Suite, Apt. #, etc. STORE 5 & 6
City & State HIALEAH, FL	City & State HIALEAH, FL
Zip 33012 Country USA	Zip 33012 Country USA

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4. FEI Number 59-2796778 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name OCTAVIO J. PEDROSO
Street Address (P.O. Box Number is Not Acceptable) 1255 W 46 ST
5 & 6
City HIALEAH FL Zip Code 33012

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) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR $61.25
Make check payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	OCTAVIO J. PEDROSO
STREET ADDRESS	10275 SW 60 ST
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	TVD
NAME	ANSELMA I. PEDROSO
STREET ADDRESS	10275 SW 60 ST
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________ 4/22/08 305-557-2262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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