

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 90528 044 ***150.00

DOCUMENT # M57998

1. Entity Name
PALM PHARMACY AND DISCOUNT STORE, INC.



Principal Place of Business
**3915 PALM AVE.
HIALEAH, FL 33012**

Mailing Address
**782 NW LE JEUNE ROAD
#548
MIAMI, FL 33126**

54041203



04062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2839095

Applied For
Not Applicable

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.
782 NW LEJUENE RD
#548
MIAMI, FL 33126**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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 **D** ☐ Delete
NAME **GUERRA, ARMANDO J**
STREET ADDRESS **9475 JOURNEY END RD**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **P** ☐ Delete
NAME **CURERVO, LEONCIO**
STREET ADDRESS **13092 NW 11 CT**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33323**

TITLE **S** ☐ Delete
NAME **GUERRA, ALBERTO**
STREET ADDRESS **241 CAPE FLORIDA DRIVE**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE **DVP** ☐ Delete
NAME **DIAZ, JOSE F**
STREET ADDRESS **9301 SW 103 ST**
CITY-ST-ZIP **MIAMI, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **COB** ☒ Change ☐ Addition
NAME **GUERRA, Armando J.**
STREET ADDRESS **9475 Journey's End Road**
CITY-ST-ZIP **Coral Gables, FL 33156**

TITLE **D** ☐ Change ☒ Addition
NAME **GUERRA, Alberto**
STREET ADDRESS **241 Cape Florida Drive**
CITY-ST-ZIP **Key Biscayne, FL 33149**

TITLE **VP** ☐ Change ☒ Addition
NAME **RODRIGUEZ, Noel A.**
STREET ADDRESS **3915 Palm Avenue**
CITY-ST-ZIP **Hialeah, FL 33012**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/2004 (305) 447-1160

Date

Daytime Phone #