

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M57998

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: PALM PHARMACY AND DISCOUNT STORE, INC.

**Current Principal Place of Business:**

3915 PALM AVE.  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

6303 BLUE LAGOON DRIVE  
SUITE 390  
MIAMI, FL 331266005

**New Mailing Address:**

FEI Number: 59-2839095      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: MIAMI, FL 33156

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

Title: SD ( ) 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 ST  
City-St-Zip: MIAMI, FL 331763056

Title: VP ( ) Delete  
Name: RODRIGUEZ, NOEL A  
Address: 3915 PALM AVENUE  
City-St-Zip: HIALEAH, FL

**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:

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

I hereby certify that the information supplied with this filing does not qualify 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

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date