

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M57998

FILED
Mar 20, 2009
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:

6505 BLUE LAGOON DRIVE
SUITE 130
MIAMI, FL 331266041

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:

MARQUEZ & MARCELO-ROBAINA, PA
6505 BLUE LAGOON DRIVE
SUITE 130
MIAMI, FL 331266041 US

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: MAGDA MARCELO-ROBAINA

03/20/2009

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 BISCAYNE, 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

03/20/2009

Electronic Signature of Signing Officer or Director

Date