

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M57998

FILED
Feb 18, 2011
Secretary of State

Entity Name: PALM PHARMACY AND DISCOUNT STORE, INC.

Current Principal Place of Business:

1430 SOUTH DIXIE HWY
SUITE 201
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

2100 SALZEDO STREET
SUITE 300
CORAL GABLES, FL 33134

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:

ARAZOZA & FERNANDEZ-FRAGA, P.A.
2100 SALZEDO STREET
SUITE 300
CORAL GABLES, FL 33134 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

OFFICERS AND DIRECTORS:

Title: COB
Name: GUERRA, ARMANDO J
Address: 1430 SOUTH DIXIE HWY SUITE 201
City-St-Zip: CORAL GABLES, FL 33146

Title: P
Name: CUERVO, LEONCIO
Address: 1430 SOUTH DIXIE HWY SUITE 201
City-St-Zip: CORAL GABLES, FL 33146

Title: SD
Name: GUERRA, ALBERTO
Address: 1430 SOUTH DIXIE HWY SUITE 201
City-St-Zip: CORAL GABLES, FL 33146

Title: DVP
Name: DIAZ, JOSE F
Address: 1430 SOUTH DIXIE HWY SUITE 201
City-St-Zip: CORAL GABLES, FL 33146

Title: VP
Name: RODRIGUEZ, NOEL A
Address: 1430 SOUTH DIXIE HWY SUITE 201
City-St-Zip: CORAL GABLES, FL 33146

I hereby 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 all other like empowered.

SIGNATURE: ARMANDO J GUERRA

COB

02/18/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date