

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # M82701

1. Entity Name
PEOPLES DRUG STORE, INC.



Principal Place of Business

360 N.W. 8TH STREET
MIAMI, FL 33136

Mailing Address

360 N.W. 8TH STREET
MIAMI, FL 33136



01232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0060856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUTTON, ROSE
20021 NW 3 PL
MIAMI, FL 33169

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IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LEWIS, GLORIA B
STREET ADDRESS 360 N.W. 8TH STREET
CITY-ST-ZIP MIAMI, FL 33136

TITLE VPD
NAME LEWIS, GEORGE P III
STREET ADDRESS 360 N.W. 8TH STREET
CITY-ST-ZIP MIAMI, FL 33136

TITLE SD
NAME LEWIS, CARL A
STREET ADDRESS 360 N.W. 8TH STREET
CITY-ST-ZIP MIAMI, FL 33136

TITLE TD
NAME LEWIS, DERRICK K
STREET ADDRESS 360 N.W. 8TH STREET
CITY-ST-ZIP MIAMI, FL 33136

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000325021
05/20/08-80010-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Gloria B. Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-08

Date

Daytime Phone #