FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000021640

1. Entity Name

RX EXPRESS PHARMACY, CORP.

DO NOT WRITE IN THIS SPACE

FILED
03 OCT 17 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
12261 SW 129 Ct		12261 SW 129 Ct	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, Fl.		City & State: Miami, Florida	
Zip: 33186	Country: USA	Zip: 33186	Country: USA

4. FEI Number: 65-1081800 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Daymi Rodriguez

Street Address (P.O. Box Number is Not Acceptable): 12261 SW 129 Ct

City: Miami FL Zip Code: 33186

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.

SIGNATURE ________ Daymi Rodriguez (President) 10/14/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PVST	TITLE	
NAME	Daymi Rodriguez	NAME	700024221067
STREET ADDRESS	12261 SW 129 Ct	STREET ADDRESS	10/29/03--01006--001 **150.00
CITY-ST-ZIP	Miami, Fl. 33186	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: ________ Daymi Rodriguez (President) 10/14/03 (305)752-3209

RX. EXPRESS PHARMACY CORP.
12261 SW 129 CT.
MIAMI, FLORIDA 33186

Miami, October 14, 2003

Division of Corporation
Uniform Business Report
P.O. Box 1500
Tallahassee, Fl 32302-1500

Dear Sir:

This letter is to inform you that we never received the original form to be file before May 1st, 2002. I will appreciate very much if you received and accept our check in the amount of $ 150.00 as payment of the Corporation Uniform Business Report for year 2003.
As you can see our mailing address change to: 12261 SW 129 Ct. Miami, FL 33186, please check your records and remove the old mailing address.

I appreciate your help to resolve this matter.

Sincerely your:

Dayan Rodriguez
President