

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000094442

1. Entity Name
GROUP RX INC



Principal Place of Business

3016 NW 79 AVE
MIAMI, FL 33122

Mailing Address

3016 NW 79 AVE
MIAMI, FL 33122

FILED

04 MAY 17 PH12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03082003 No Chg-P CR2E034 (10/03)

MRS

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0445235

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DIEZ, MARIO
3016 NW 79 AVE
MIAMI, FL 33122

**DO NOT WRITE
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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	DIEZ, MARIO JR
STREET ADDRESS	3016 NW 79 AVE
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	VD
NAME	DIEZ, MARIO JR
STREET ADDRESS	3016 NW 79 AVE
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400037341224
05/26/04--01049--013 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #