.2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000094442

1. Entity Name
GROUP RX INC

Principal Place of Business	Mailing Address
3016 NW 79 AVE MIAMI, FL 33122	3016 NW 79 AVE MIAMI, FL 33122

FILED

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SECR.
TALLA...   ...DA

06222006   Chg-P   CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 51-0445235 / Applied For / Not Applicable
Zip / Country	Zip / Country	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIEZ, MARIO 3016 NW 79 AVE MIAMI, FL 33122	Name Street Address (P.O. Box Number is Not Acceptable) City / FL / Zip Code

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 6, 2006**	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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **P.S**		☐ Delete	TITLE		☐ Change ☐ Addition
NAME **DIEZ, MARIO**			NAME		
STREET ADDRESS **3016 NW 79 AVE**			STREET ADDRESS		
CITY-ST-ZIP **MIAMI, FL 33122**			CITY-ST-ZIP		
TITLE **VD**		☐ Delete	TITLE		☐ Change ☐ Addition
NAME **DIEZ, MARIO JR**			NAME		
STREET ADDRESS **3016 NW 79 AVE**			STREET ADDRESS		
CITY-ST-ZIP **MIAMI, FL 33122**			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #