2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State
04-07-2004 90035 015 ***150.00

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1. Entity Name
DISCOUNT DRUGS OF CANADA-PEMBROKE PINES, INC.

Principal Place of Business	Mailing Address
2448 N UNIVERSITY DR PEMBROKE PINES, FL 33024	2448 N UNIVERSITY DR PEMBROKE PINES, FL 33024

02212004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
621 NW 100 PLACE	621 NW 100 PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL	City & State: PEMBROKE PINES, FL
Zip: 33024 Country: USA	Zip: 33024 Country: USA

4. FEI Number 54-2092858 ☐ Applied For ☐ Not Applicable

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
KURZWEIL, SHELLEY 2448 N UNIVERSITY DR PEMBROKE PINES, FL 33024	Name: KURZWEIL, SHELLEY Street Address (P.O. Box Number is Not Acceptable): 621 NW 100 PLACE City: PEMBROKE PINES FL Zip Code: 33024

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: Shelley Kurzweil 3/4/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KURZWEIL, SHELLEY 6020 NW 42 WAYTY DR BOCA RATON, FL 33496	☐ Delete	Kurzweil, Shelley 6020 NW 42 WAY BOCA RATON, FL 33496	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: x Shelley Kurzweil - Pres 3/4/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Shelley Kurzweil Date Daytime Phone #