## FILED Apr 29, 2005 8:00 am Secretary of State 04-29-2005 90207 039 \*\*\*150.00

## 2005 FOR PROFIT CORPORATION

		W1414.	<u> </u>								
DOCUMENT # P03000078788  1. Entity Name ECY PHARMACY-DISCOUNT, INC.											
Principal Place of Business Ma				Mailing Address			1				
7951 SW 40TH STREET				7951 SW 40TH STREET			ļ				
STE 102				STE 102			Ì				
MIAMI, FL 33155				MIAMI, FL 33155			ĺ				
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2. Principal Place of Business			3	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04262005	Chg-P	CR2E03	4 (10/03)	
City & State				City & State			4. FEI Numb				pplied For at Applicable
Zip	_	Country	·	Zip	Cour	itry	5. Certificate	of Status Desire	ـ ـ ـ ـ ـ	8.75 Ad ee Require	ditional ed
	6. Name	and Address of	Current Reg	istered Agent			7. Name and	Address of Net	w Registered A	gent	
					Name						
COBOS, ELBA R 7951 SW 40TH STREET					Street Address (P.O. Box Number is Not Acceptable)						
STE 102 MIAMI, FL 33155											
						City		<u></u>	FL	Zip Cod	le .
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 Rorida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE											
	Special special	or process rating or regis		THE STATE OF THE S		n võum efiname rednier	A terminal constraints		- CANC		
		FEE IS \$150 5 Fee will be		9. Election Campa Trust Fund Con		ncing \$5.	.00 May Be led to Fees				
10. OFFICERS AND				ECTORS		ADDITIONS/	CHANGES TO C	FFICERS AND	DIRECTOR	S (N 11	
mı	PVST			☐ Delete	11. TITU	<del></del>	700	0		Change	Addition
NAME	COBOS, E	FI BA R		LI DERM	NAM	,					
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CITY-ST-ZIP	MIAMI, FL 33155					-ST-2IP					
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NAME	L -	EI RA D		L. Detete	TITLI Nam	t t				- Charins	
STREET ADDRESS	COBOS, ELBA R 7951 SW 40TH STREET # 102					FT ADDRESS					
CITY-ST-ZP					4,	-ST-ZIP					
	IVII/SVII, I L	. 33133				<del></del>		<del></del>		Change	Addition
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STREET ADDRESS				$\overline{}$		ET ADORESS					
CITY-ST-ZIP	centify that the information supplied with this filing does not qualify for the exe to on this report or supplemental report is true and accurate and that my signal reportation or the receiver or trusted empowered to execute this report as required, or on an attachment with an address-with-all other like empowered.					-ST-ZIP		·			
12. I hereby o	certify that the	information supp	illed with this report is true	filing does not qualify fo and accurate and that i	r the exe ny signal	mption stated in Se ture shall have the	ction 119.07(3)( same legal effec	), Florida Statute t as if made und	s. I further certifier oath; that I am	y that the in	nformation or director
of the cor	poration or th	e receiver or trust	ae emoower	ed to execute this renor	as regula	red by Chapter 607	r, Florida Statista	s; and that my na	ame appears in	Block 10 a	I PRIOCK 11 II ]