

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90040 050 ***150.00

DOCUMENT # P03000114928

1. Entity Name

ONE STOP RX AND DISCOUNT, INC.



Principal Place of Business

1455 NW 14 ST
MIAMI FL 33125

Mailing Address

1455 NW 14 ST
MIAMI FL 33125

24043401

2. Principal Place of Business

510 W. 29 STREET

3. Mailing Address

P.O. Box 592842

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

HALEAH, FL

City & State

MIAMI, FL

4. FEI Number

14-1897746

Applied For

Not Applicable

Zip

33012

Country

USA

Zip

33159

Country

USA

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

COLON, ENRIQUE JR.
1455 NW 14 ST
MIAMI FL 33125

Name

ENRIQUE COLON JR

Street Address (P.O. Box Number is Not Acceptable)

510 W. 29 ST

City

HALEAH

FL

Zip Code

33012

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

4/13/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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
DPVS
COLON, ENRIQUE JR.
1455 NW 14 ST
MIAMI FL 33125 ☐ Delete

TITLE
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☐ Change ☐ Addition

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1455 NW 14 ST
MIAMI FL 33125 ☐ Delete

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04
Date

(305) 219-9752
Daytime Phone #