2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 18, 2005 8:00 am Secretary of State

		AL III. OII.		Secretary of State
1. Entity Nam	MENT # P03000 OP RX AND DISCOUN			03-18-2005 90079 005 ***150.00
D : : ! 59	- if Durings	Mailing Address	<u> </u>	-
,	e of Business 9 ST. . 33012	Mailing Address PO BOX 592842 MIAMI, FL 33159		50028091
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2. Principal P	Place of Business	3. Mailing Address		
•	#, etc.	Suite, Apt. #, etc.	g . The publication provides on the control of the	203 132005 3377 Crig-P 337 CR2E034 (10/03)
City & Stat	te	City & State	processor and the second control of	4. FEI Number Applied For Not Applied For Not Applied For
Zip	- Country	Zip	Country	5. Certificate of Status Desired See Required
	6. Name and Address of C	urrent Registered Agent	<u>'</u>	7. Name and Address of New Registered Agent
=		· The second second	Name *	The Control of the Co
510 WEST	ENRIQUE JR. F29 ST. FL 33012		Street Address	s (P.O. Box Number is Not Acceptable)
,	4 			
· ·			· City	FL Zip Code
8. The above the obligat	e named entity submits this state tions of registered agent.	ment for the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE:	the second se	and the state of t		At the second second
	Signature, typed or printed name of registe		E: Registered Agent signature requi	ired when reinstating) DATE
FiL	E NOW!!! FEE IS \$150. ay 1, 2005 Fee will be :	9. Election Campa 5550.00 Trust Fund Con	uign Financing\$	5.00 May Be dded to Fees
10.	OFFICER	S AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	DPVS	☐ Delete	πιε	☐ Change ☐ Addition
NAME OTRECT ADDRESS	COLON, ENRIQUE JR.		NAME	
STREET ADDRESS CITY-ST-ZIP	1455 NW 14 ST MIAMI, FL 33125		STREET ADDRESS CITY-ST-ZIP	
ПЕ	T	☐ Delete	ПЕ	☐ Change ☐ Addition
NAME	COLON ENRIQUE JR.	Delete	NAME	
STREET ADDRESS	1455 NW 14 ST		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33125		CITY-ST-ZIP	
TITLE		☐ Delete ्	TITLE	Change , Addition
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1		☐ Delete		□ Change □ жоовог
NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. hereby indicated	certify that the information suppl	Delete ied with this filing does not qualify for report is true and accurate and that	NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP or the exemption stated in 3 my signature shall have the	☐ Change ☐ Addition Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director.
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the coi	rporation or the receiver or trusts	Delete ied with this filing does not qualify foreport is true and accurate and that accurate this report	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP or the exemption stated in 1st and 1st and 1st are required by Chapter 6	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the coi	rporation or the receiver or truster, or on an attachment with an action of the second	Delete ied with this filing does not qualify for report is true and accurate and that	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP or the exemption stated in 1st and 1st and 1st are required by Chapter 6	Change Addition Section 119.07(3)(i), Florida Statutes. I further certify that the information re same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if