

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000013221

FILED  
Feb 23, 2005  
Secretary of State

Entity Name: SUNNY PHARMACY & DISCOUNT, INC.

## Current Principal Place of Business:

70 W 49 ST  
HIALEAH, FL 33012

## New Principal Place of Business:

## Current Mailing Address:

70 W 49 ST  
HIALEAH, FL 33012

## New Mailing Address:

FEI Number: 56-2429591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ESPARZA, LORRIMARIE  
7055 NW 173 DR., HOUSE 1502  
MIAMI, FL 33014 US

## Name and Address of New Registered Agent:

ESPARZA, LORRIMARIE  
20190 NW 79TH AVE  
MIAMI, FL 33015 US

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.

SIGNATURE: LORRIMARIE ESPARZA

02/23/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ESPARZA, LORRIMARIE  
Address: 7055 NW 173 DR., HOUSE 1502  
City-St-Zip: MIAMI, FL 33014

Title: VP ( ) Delete  
Name: AYALA, JUAN A  
Address: 7055 NW 173 DR., HOUSE 1502  
City-St-Zip: MIAMI, FL 33014

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ESPARZA, LORRIMARIE  
Address: 20190 NW 79TH AVE  
City-St-Zip: MIAMI, FL 33015

Title: VP (X) Change ( ) Addition  
Name: AYALA, JUAN A  
Address: 20190 NW 79TH AVE  
City-St-Zip: MIAMI, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRIMARIE ESPARZA

P

02/23/2005

Electronic Signature of Signing Officer or Director

Date