

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000035187

FILED
Mar 11, 2008
Secretary of State

Entity Name: ALLAPATTAH DRUGS STORE, INC.

Current Principal Place of Business:

4691 NW 9 ST
APT. A-205
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

4691 NW 9 ST
APT. A-205
MIAMI, FL 33126

New Mailing Address:

FEI Number: 33-1085473 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDEZ, ROBERTO T
4691 NW 9 ST.
APT. A-205
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MENDEZ, ROBERTO T
Address: 4691 NW 9 ST
City-St-Zip: MIAMI, FL 33126

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: MARTINEZ, CARLOS L
Address: 15280 SW 82 CIRCLE LINE
City-St-Zip: MIAMI, FL 33193

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LUIS C. MARTINEZ

VP

03/11/2008

Electronic Signature of Signing Officer or Director

_____ Date