


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90008 016 ***158.75

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| DOCUMENT # P04000066084 1. Entity Name CRUCES PHARMACY & DISCOUNT CORP. | | | |  | |
| Principal Place of Business 8972 SW 10 TERR MIAMI, FL 33174 | | | Mailing Address 8972 SW 10 TERR MIAMI, FL 33174 | | |
| 2. Principal Place of Business 3180 NW 7th. | | | 3. Mailing Address 3180 NW 7th. | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State MIAMI FL | | City & State MIAMI FL | | 4. FEI Number 20-1047145 | |
| Zip 33125 | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ARAUJO, JORGE 8972 SW 10 TERR MIAMI, FL 33174 | | | | 7. Name and Address of New Registered Agent Name MIGUEL HERNANDEZ Street Address (P.O. Box Number is Not Acceptable) 3180 NW 7th St. City MIAMI FL Zip Code 33125 | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PD ARAUJO, JORGE 8972 SW 10 TERR MIAMI, FL 33174 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HERNANDEZ, MIGUEL 3180 NW 7th. MIAMI, FL 33125 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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 thereof; that I am 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 lines empowered. | | | | | |
| SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____ | | | | | |

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01102005 Chg-P CR2E034 (10/03)