

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000118612

Entity Name: TRUE VALUE PHARMACY, CORP

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

2731 SW 140 AVE
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

2731 SW 140 AVE
MIAMI, FL 33175

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, BRENDA
2731 SW 140 AVE
MIAMI, FL 33175 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: PD () Delete
Name: QUINONES, ANTONIO
Address: 2731 SW 140 AVE
City-St-Zip: MIAMI, FL 33175

Title: VD () Delete
Name: MAHANA, STEVEN
Address: 2731 SW 140 AVE
City-St-Zip: MIAMI, FL 33175

Title: SD () Delete
Name: TODD, JOHN
Address: 2731 SW 140 AVE
City-St-Zip: MIAMI, FL 33175

Title: VD () Delete
Name: HERNANDEZ, BRENDA
Address: 2731 SW 140 AVE
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ANTONIO QUINONES

P

04/30/2005

Electronic Signature of Signing Officer or Director

Date