

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90078 047 ***158.75

DOCUMENT # P04000130078 1. Entity Name CACHITA PHARMACY DISCOUNT, INC.					
Principal Place of Business 11400 WEST FLAGLER STREET SUITE 109 MIAMI FL 33174			Mailing Address 11400 WEST FLAGLER STREET SUITE 109 MIAMI FL 33174		
2. Principal Place of Business SAME		3. Mailing Address SAME			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 		4. FEI Number 20-1624953	
Zip 		Country 		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DIAZ, FELICIA 11400 WEST FLAGLER STREET SUITE 109 MIAMI FL 33174			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 changing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PSTD DIAZ, FELICIA 11400 WEST FLAGLER STREET SUITE 109 MIAMI FL 33174		☐ Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Change ☐ Addition		
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 or trustee 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 like empowered.					
SIGNATURE: _____			Date: 1/24/05		
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 305-552-8282		