## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000148071

Entity Name: DRUG DEPOT, INC

FILED Apr 03, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

34911 US HIGHWAY N STE 600 34911 US HIGHWAY N PALM HARBOR, FL 34684

STE 600

PALM HARBOR, FL 34684

**Current Mailing Address: New Mailing Address:** 

34911 US HIGHWAY N STE 600 34911 US HIGHWAY N STE 600

PALM HARBOR, FL 34684 STE 600

PALM HARBOR, FL 34684

FEI Number: 02-0732434 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

RIOS, JAIME RIOS, JAIME

34911 US HIGHWAY N. 2595 TAMPA ROAD

STE 600 PALM HARBOR, FL 34684 US PALM HARBOR, FL 34684 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: 04/03/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PRFS () Delete

Name: RIOS, JAIME 2595 TAMPA ROAD SUITE E

Address: City-St-Zip: PALM HARBOR, FL 34684

Title: SECY () Delete LAGAMBA, MICHELE Name: 2595 TAMPA ROAD SUITE E Address: PALM HARBOR, FL 34684 City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRFS (X) Change ( ) Addition

Name: RIOS, JAIME

34911 US HWY 19 N. STE 600 Address: City-St-Zip: PALM HARBOR, FL 34684

Title: SECY (X) Change ( ) Addition

Name: LAGAMBA, MICHELE 34911 US HWY 19 N. STE 600 Address: PALM HARBOR, FL 34684 City-St-Zip:

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: JAIME RIOS **PRES** 04/03/2009