


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000166043 1. Entity Name DRUGS DISCOUNT ONLINE CORP						FILED 06 JAN -4 PM 5:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4525 SW 140TH CT MIAMI, FL 33175				Mailing Address 4525 SW 140TH CT MIAMI, FL 33175			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
10132006 Chg-P CR2E034 (11/05)				4. FEI Number 20-1990865 Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent GARCIA, EDUARDO 4525 SW 140TH CT MIAMI, FL 33175			
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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PD	GARCIA, EDUARDO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA, EDUARDO	4525 SW 140TH CT		NAME	100063985061		
STREET ADDRESS	4525 SW 140TH CT	MIAMI, FL 33175		STREET ADDRESS	01/18/06--01079--027	**450.00	
CITY-ST-ZIP	MIAMI, FL 33175			CITY-ST-ZIP			
TITLE	V	GARCIA, ESTEBAN	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA, ESTEBAN	4525 SW 140TH CT		NAME			
STREET ADDRESS	4525 SW 140TH CT	MIAMI, FL 33175		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33175			CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date January 03, 2006 Daytime Phone # _____			