

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90253 007 \*\*\*150.00

DOCUMENT # <u>D0500021974</u>					
1. Entity Name <u>Yomy Pharmacy Discount Inc</u>					
Principal Place of Business <u>Yomy Pharmacy Discount</u> <u>8239 Bird Rd</u> <u>Miami FL 33334</u>			Mailing Address <u>Yomy Pharmacy Discount</u> <u>8239 Bird Rd</u> <u>Miami FL 33334</u>		
2. Principal Place of Business <u>8239 Bird Rd</u> Suite, Apt. #, etc.			3. Mailing Address <u>8239 Bird Rd</u> Suite, Apt. #, etc.		
City & State <u>Miami FL</u>			City & State <u>Miami FL</u>		
Zip <u>33334</u>		Country <u>U.S.A</u>		4. FEI Number <u>20-2729110</u>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <u>Sra Juana Gonzalez</u> <u>310 S.W. 55th Road</u> <u>Miami FL 33134</u>			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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
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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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <u>[Signature]</u>			Date <u>4/29/06</u> Daytime Phone # <u>786-417-4988</u>		