


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90037 012 ***150.00

DOCUMENT # P05000021974			
1. Entity Name YOMY PHARMACY DISCOUNT INC			
Principal Place of Business 8239 BIRD RD MIAMI, FL 33334		Mailing Address 8239 BIRD RD MIAMI, FL 33334	
2. Principal Place of Business - No P.O. Box # 8239 Bird Rd.		3. Mailing Address 8239 Bird Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33334	Country USA	Zip 33334	Country U.S.A
6. Name and Address of Current Registered Agent GONZALEZ, JUANA 310 SW 55 ROAD MIAMI, FL 33134		7. Name and Address of New Registered Agent (SAME) Name: Sra. JUANA GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 310 S.W. 55 ROAD City: Miami, FL 33134	
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: JUANA GONZALEZ DATE: 2/3/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY - ST - ZIP	P GONZALEZ, JUANA 8239 SW 40 ST MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Juana Gonzalez		2/3/07 305-207-9686	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40011365



01252007 Chg-P CR2E034 (12/06)

4. FEI Number
20-2729110

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent (SAME)

Name: Sra. JUANA GONZALEZ
Street Address (P.O. Box Number is Not Acceptable)

310 S.W. 55 ROAD
City: Miami, FL 33134

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.

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MIAMI, FL 33155 ☐ Delete

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SIGNATURE: Juana Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/07 305-207-9686
Date Daytime Phone #