

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P06000018105**

1. Entity Name  
**OSAYIN PHARMACY DISCOUNT, INC.**



**FILED**

07 APR -4 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**8210 WEST FLAGLER ST  
MIAMI, FL 33144**

Mailing Address  
**8210 WEST FLAGLER ST  
MIAMI, FL 33144**

2. Principal Place of Business - No P.O. Box #  
**8210 West Flagler Street**

3. Mailing Address  
**8210 West Flagler Street**

Suite, Apt. #, etc.

City & State  
**Miami, FL 33144**

City & State  
**Miami, FL 33144**

Zip  
**33144**

Country  
**USA**

Zip  
**33144**

Country  
**USA**

4. FEI Number  
**204302071**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DE VARONA, ALINA  
8210 WEST FLAGLER ST  
MIAMI, FL 33144**

7. Name and Address of New Registered Agent

Name  
**Georgina Rocha**

Street Address (P.O. Box Number is Not Acceptable)  
**8210 West Flagler Street**

City  
**Miami**

FL Zip Code  
**33144**

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: *[Signature]* **Georgina Rocha** **4/2/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DE VARONA, ALINA 9627 N.W. 27 AVE. MIAMI, FL 33147	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VVSD ROCHA, GEORGINA 9627 N.W. 27 AVE. MIAMI, FL 33147	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Rocha, Georgina 8210 West Flagler Street Miami, FL 33144	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600096383416</b> <b>04/11/07--01005--008 **150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **Georgina Rocha** **4/2/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #