FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2007 8:00 am
Secretary of State
01-26-2007 90040 024 ***150.00

DOCUMENT # P06000051482

1. Entity Name
L.S.S. Pharmacy Discount,Inc.

DO NOT WRITE IN THIS SPACE

60007753

2. Principal Place of Business	3. Mailing Address
10521 SW 40 St	14812 SW 81 ST
Suite, Apt # etc	Suite Apt # etc
City & State: Miami, Fl	City & State: Miami, Fl
Zip: 33165 Country: Miami-Dade	Zip: 33193 Country: Miami-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4724930 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. ~~Name and Address of Current Registered Agent~~

Name: Mairan S Cardenosa
Street Address (P.O. Box Number is Not Acceptable): 14812 SW 81 ST
City: Miami, FL Zip Code: 33193

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] DATE: 01/03/2007

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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		TITLE / NAME / STREET ADDRESS / CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	Mairan S Cardenosa / President 14812 SW 81 ST Miami, Fl 33193	TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP	

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 01/03/2007 (786) 663-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR