

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90010 027 ***150.00

DOCUMENT # **P06000110479**

1. Entity Name
OCEAN PHARMACY & Discount, Inc



DO NOT WRITE IN THIS SPACE

40056374

2. Principal Place of Business
2389 Coral Way
Suite, Apt. #, etc.

3. Mailing Address
2389 Coral Way
Suite, Apt. #, etc.

CR2E034B (8/05)

City & State
MIAMI FL
Zip
33145-3510

City & State
MIAMI-FL
Zip
33145-3510

4. FEI Number
20-543 2453

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
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 _____

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	P. BONACHEA, ARIEL 1307 GENOA ST CORAL GABLES, FL 33134-2938
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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]** **3/26/08 786-402-8928**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #