2007 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
07 FEB -7 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000126871

1. Entity Name
J.M. PHARMACY & DISCOUNT, INC.

Principal Place of Business	Mailing Address
~~13876 S.W. 56TH ST.~~	~~13876 S.W. 56TH ST.~~
~~SUITE 155~~	~~SUITE 155~~
~~MIAMI, FL 33175~~	~~MIAMI, FL 33175~~

02022007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7385 SW 8th Street	7385 SW 8th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33144 Country: USA	Zip: 33144 Country: USA

4. FEI Number 20-5055345 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~BERNABE, JOSE M~~
~~12740 SW 17 STREET~~
~~MIAMI, FL 33175~~

7. Name and Address of New Registered Agent

Name: Javier Garcia-zapata
Street Address (P.O. Box Number is Not Acceptable): 7385 SW 8th 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] President — Feb. 02, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

900008806243
02/13/07--01001--022 **150.00

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BERNABE, JOSE M 12740 SW 17 STREET MIAMI, FL 33175	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Javier Garcia-zapata 7385 SW 8th Street Miami, Fl 33144	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 others like empowered.

SIGNATURE: [signature] Feb 02, 2007 305-264-8113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #