2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# P07000015221

Entity Name: EXPRESS PHARMACY DISCOUNT, INC.

Current Principal Place of Business:

2562-A SW 8 STREET
MIAMI, FL 33135 US

New Principal Place of Business:

Current Mailing Address:

999 BRICKELL AVENUE
SUITE 600
MIAMI, FL 33131

New Mailing Address:

FEI Number: 26-2419012 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITCHELL S. POLANSKY, P.A.
999 BRICKELL AVENUE
SUITE 600
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: BELSOL, JOSE MANUEL
Address: 6103 AQUA AVENUE, #504
City-St-Zip: MIAMI BEACH, FL 33141

Title: VP/D ( ) Delete
Name: BARRANCO, WILLIAM
Address: 15141 SW 42 TERRACE
City-St-Zip: MIAMI, FL 33185

Title: D (X) Delete
Name: BARRANCO, ELAINE
Address: 15141 SW 42 TERRACE
City-St-Zip: MIAMI, FL 33185

Title: D (X) Delete
Name: BELSOL, WANDA
Address: 6103 AQUA AVENUE, #504
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE MANUEL BELSOL D 03/11/2009

Electronic Signature of Signing Officer or Director Date