

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000040733

**FILED**  
**Mar 19, 2010**  
**Secretary of State**

**Entity Name:** KEYLEN PHARMACY DISCOUNT, CORP.

**Current Principal Place of Business:**

7951 SW 40TH STREET NORTH #102  
MIAMI, FL 33155

**New Principal Place of Business:**

7951 SW 40TH STREET SUITE #102  
MIAMI, FL 33155

**Current Mailing Address:**

7951 SW 40TH STREET NORTH #102  
MIAMI, FL 33155

**New Mailing Address:**

7951 SW 40TH STREET SUITE #102  
MIAMI, FL 33155

**FEI Number:** 26-2504817

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANTANA, ODALYS  
7951 SW 40TH STREET NORTH #102  
MIAMI, FL 33155 US

**Name and Address of New Registered Agent:**

SANTANA, ODALYS  
7951 SW 40TH STREET SUITE #102  
MIAMI, FL 33155 US

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:

03/19/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: SANTANA, ODALYS  
Address: 7951 SW 40TH STREET SUITE #102  
City-St-Zip: MIAMI, FL 33155

I hereby 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 all other like empowered.

SIGNATURE: ODALYS SANTANA

PRES

03/19/2010

Electronic Signature of Signing Officer or Director

Date