## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000052741

Entity Name: LAURA PHARMACY DISCOUNT, INC.

FILED Apr 21, 2009 Secretary of State

| Current Principal Place of Business:     | New Principal Place of Business:   |
|--|------------------------------------|
| Julicut i illicipui i luce di Busiliess. | New i interput i luce of Business. |

6724 W. FLAGLER ST 6724 W. FLAGLER ST MIAMI, FL 33144 US

Current Mailing Address: New Mailing Address:

6724 W. FLAGLER ST 6724 W. FLAGLER ST MIAMI, FL 33144 US

FEI Number: 26-2711322 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GARCIA, ROSA M

6724 W. FLAGLER ST

MIAMI, FL 33144 US

BEJERANO, ORLANDO

66 W 15 ST

4

HIALEAH, FL 33010 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: ORLANDO BEJERANO 04/21/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 GARCIA, ROSA M
 Name:
 BEJERANO, ORLANDO

 Address:
 6724 W. FLAGLER ST
 Address:
 66 W 15 ST

 Address:
 6724 W. FLAGLER ST
 Address:
 66 W 15 ST

 City-St-Zip:
 MIAMI, FL 33144
 City-St-Zip:
 HIALEAH, FL 33010 US

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 Title:
 V
 (X) Delete
 Title:
 ( ) Change ( ) Addition

 Name:
 Address:
 6724 W. FLAGLER ST
 Address:

 City-St-Zip:
 MIAMI, FL 33144
 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: ORLANDO BEJERANO P 04/21/2009