P09000059298

(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(======, -====,		
(Document Number)		
Certified Copies Certificates of Status		
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: MG Pharmacy a	nd Discount,Inc (Name of Corporation)
DOCUMENT NUMBER:F	20900059298
The enclosed Officer/Director R	esignation for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
Leonardo Viota Sesin,Esq	
(Name of	Person)
Leonardo Viota Sesin	
(Name of Firm	n/Company)
5950 West 16th Avenue	
(Addre	ess)
Hialeah Florida 33012	
(City/State and	d Zip Code)
For further information concern	ing this matter, please call:
Leonardo Viota Sesin	at (305) 2317767
(Name of Person)	at (305) 2317767 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00	made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Eugenio Reyes	, hereby resign as VD	
-,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Title)
of MG Pharmacy + Disco	ount,Inc	
	(Name of Corporation)	
P09000059298 (Document Number, if known)	, a corporation organized under the	e laws of the State of
Florida		P 09 AUG SECRE TALLAH/
	11111	ILED IL AHIII ARTOESI ASSEE, FLO
	(Signature of resigning officer/director)	AIE SRIDA

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314