

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000061815

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Entity Name:** ALEX & FABY PHARMACY DISCOUNT, CORP

**Current Principal Place of Business:**

3740 W 12 ST  
HIALEAH, FL 33012

**New Principal Place of Business:**

3740 W 12 AVE  
HIALEAH, FL 33012

**Current Mailing Address:**

3740 W 12 ST  
HIALEAH, FL 33012

**New Mailing Address:**

3740 W 12 AVE  
HIALEAH, FL 33012

**FEI Number:** 27-3203866

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASTILLO, YURIANDENYS  
3740 W 12 ST  
HIALEAH, FL 33012 US

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

CASTILLO, YURIANDENYS  
3740 W 12 AVE  
HIALEAH, FL 33012 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: YURIANDENYS CASTILLO

03/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: CASTILLO, YURIANDENYS  
Address: 3740 W 12 AVE  
City-St-Zip: HIALEAH, FL 33012

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: YURIANDENYS CASTILLO

PS

03/22/2011

Electronic Signature of Signing Officer or Director

Date