

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P10000103197

**FILED**  
**Oct 21, 2012**  
**Secretary of State**

**Entity Name:** ROYAL PHARMACY AND DISCOUNT, INC.

**Current Principal Place of Business:**

8765 S.W. 165 AVE., STE. 106  
MIAMI, FL 33193

**New Principal Place of Business:**

**Current Mailing Address:**

8765 S.W. 165 AVE., STE. 106  
MIAMI, FL 33193

**New Mailing Address:**

**FEI Number:** 27-4896794

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROYAL MED CORP  
8765 SW 165 AVE  
SUITE 106  
MIAMI, FL 33186 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: VP  
Name: PEREZ, ESTHER  
Address: 11724 SW 142 CT  
City-St-Zip: MIAMI,, FL 33186

Title: P  
Name: BASTER, LIDIANA  
Address: 8765 SW 165 AVE, SUITE 106  
City-St-Zip: MIAMI, FL 33193

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: LIDIANA BASTER

P

10/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date