2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000022629

Entity Name: GARDENS PHARMACY AND DISCOUNT STORES, INC

FILED Mar 10, 2005 Secretary of State

Thirty Name: Of the Providence						
Current Pr	incipal Place	of Business:	New Prince	New Principal Place of Business:		
2399 WEST 52 STREET HIALEAH, FL 33016 US						
Current Mailing Address:			New Mail	New Mailing Address:		
782 NW LEJUENE ROAD #548 MIAMI, FL 33126 US			SUITE 390	6303 BLUE LAGOON DRIVE SUITE 390 MIAMI, FL 331266005 US		
FEI Number:	65-0728049	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
782 NW LE	CES OF MARG JEUNE ROAD 331265536 US		6303 BLUI	MARQUEZ & MARCELO ROBAINA, P.A. 6303 BLUE LAGOON DRIVE MIAMI, FL 331266005 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: JOSE M. MARQUEZ				03/10/2005		
Electronic Signature of Registered Agent Date						
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	COB () GUERRA, ARMA 9475 JOURNEY CORAL GABLES	S END RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP () DIAZ, JOSE F 9301 SW 103 ST MIAMI, FL 3317		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () CUERVO, LEON 13092 NW 11 CO SUNRISE, FL 33	DURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () GUERRA, ALBEI 241 CAPE FLOR KEY BISCAYNE	IDA DRIVE	Title: Name: Address: City-St-Zip:	GUERRA, ALE	ORIDA DRIVE	
Title: Name: Address: City-St-Zip:	S (X) GUERRA, ALBEI 241 CAPE FLOR KEY BISCAYNE,	IDA DR	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LEONCIO CUERVO P 03/10/2005