

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000022629

FILED  
Apr 19, 2006  
Secretary of State

Entity Name: GARDENS PHARMACY AND DISCOUNT STORES, INC.

**Current Principal Place of Business:**

2399 WEST 52 STREET  
HIALEAH, FL 33016 US

**New Principal Place of Business:**

**Current Mailing Address:**

6303 BLUE LAGOON DRIVE  
SUITE 390  
MIAMI, FL 331266005 US

**New Mailing Address:**

FEI Number: 65-0728049      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MARQUEZ & MARCELO ROBAINA, P.A.  
6303 BLUE LAGOON DRIVE  
MIAMI, FL 331266005 US

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

MARQUEZ & MARCELO-ROBAINA, P.A.  
6303 BLUE LAGOON DRIVE  
390  
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

04/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: COB ( ) Delete  
Name: GUERRA, ARMANDO J  
Address: 9475 JOURNEY'S END RD  
City-St-Zip: CORAL GABLES, FL 33156

Title: DVP ( ) Delete  
Name: DIAZ, JOSE F  
Address: 9301 SW 103 STREET  
City-St-Zip: MIAMI, FL 33176

Title: P ( ) Delete  
Name: CUERVO, LEONCIO  
Address: 13092 NW 11 COURT  
City-St-Zip: SUNRISE, FL 33323

Title: DS ( ) Delete  
Name: GUERRA, ALBERTO  
Address: 241 CAPE FLORIDA DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LEONCIO CUERVO

P

04/19/2006

Electronic Signature of Signing Officer or Director

Date