

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000096267

1. Entity Name
LA LUZ DRUG STORE, INC.



FILED
Apr 13, 2007 08:00 AM
Secretary of State

Principal Place of Business
4677 WEST FLAGLER STREET
MIAMI FL 33134

Mailing Address
4677 WEST FLAGLER STREET
MIAMI FL 33134



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0793771

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGHAABDOLLAH, ASGHAR
4677 W FLAGLER ST
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PVST
AGHAABDOLLAH, ASGHAR
4677 WEST FLAGLER STREET
MIAMI FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
U00000704332
04/23/07-80006-025 150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
AGHAABDOLLAH, ASGHAR
4677 WEST FLAGLER STREET
MIAMI FL 33134 ☐ Delete

TITLE
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☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; and that my name appears in Block 10 or Block 11 of this report as required by Chapter 607, Florida Statutes.