2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# P98000068596

Entity Name: BELLE GLADE DISCOUNT PHARMACY, INC.

Current Principal Place of Business:

1508-12 SW AVENUE E
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

1508-12 SW AVENUE E
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 65-0855094 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHUCK MOGBO, P.A.
2331 N STATE RD 7, STE 124
LAUDERHILL, FL 33313 US

Name and Address of New Registered Agent:

CHUCK MOGBO, P.A.
2800 WEST OAKLAND PARK BLVD
#209
OAKLAND PARK, FL 33311 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: _____ 04/28/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CHINOUYAZVE, FARAI
Address: 3971 JASMINE LANE
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CHINOUYAZVE, FARAI
Address: 1508 SW AVE. E.
City-St-Zip: BELLE GLADE, FL 33430

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: FARAI CHINOUYAZVE PD 04/28/2005
Electronic Signature of Signing Officer or Director — Date