

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000048759

FILED  
Feb 29, 2012  
Secretary of State

**Entity Name:** DROGUERIA SARRA, S.A., INC.

**Current Principal Place of Business:**

2222 PONCE DE LEON BLVD., PENTHOUSE SUITE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2222 PONCE DE LEON BLVD., PENTHOUSE SUITE  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 65-0927671

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEJER, ALVARO L ESQ  
2222 PONCE DE LEON BLVD., PENTHOUSE SUITE  
CORAL GABLES, FL 33134 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: DVP  
Name: MEJER, ALVARO L  
Address: 2222 PONCE DE LEON BLVD. PENTHOUSE  
City-St-Zip: CORAL GABLES, FL 33134

Title: P  
Name: MEJER, ERNESTO J  
Address: 1088 PARK AVE.  
City-St-Zip: NYC, NY 10128

Title: D  
Name: MEJER, FEDERICO L  
Address: 614 SAN ANTONIO AVE.  
City-St-Zip: CORAL GABLES, FL 33134

Title: D  
Name: MEJER, LUIS E  
Address: 1411 PIZARRO AVE.  
City-St-Zip: CORAL GABLES, FL 33134

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: ALVARO L. MEJER

D

02/29/2012

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

\_\_\_\_\_  
Date