

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000099199

Entity Name: 41 PHARMACY DISCOUNT, INC.

FILED
Mar 05, 2008
Secretary of State

Current Principal Place of Business:

820 E 41 STREET
HIALEAH, FL 330132463

New Principal Place of Business:

820 E 41 STREET
HIALEAH, FL 33013 US

Current Mailing Address:

820 E 41 STREET
HIALEAH, FL 330132463

New Mailing Address:

820 E 41 STREET
HIALEAH, FL 33013 US

FEI Number: 65-0960729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANGANELLY, EDUARDO
820 E 41ST STREET
HIALEAH, FL 33013 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MANGANELLY, EDUARDO
Address: 820 E 41 STREET
City-St-Zip: HIALEAH, FL 330132463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MANGANELLY, EDUARDO
Address: 820 E 41 STREET
City-St-Zip: HIALEAH, FL 33013 US

I hereby certify that the information supplied with this filing does not qualify 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: EDUARDO MANGANELLY

PSTD

03/05/2008

Electronic Signature of Signing Officer or Director

_____ Date