## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S61140

Title:

Name:

Address:

City-St-Zip:

DVP

() Delete

NAVARRO, GABRIEL L

5959 NW 37TH AVE

MIAMI, FL 33142

AVARRO DISCOLINT PHARMACIES NO. 7. INC.

FILED Apr 22, 2004 Secretary of State

Entity Name: NAVARRO DISCOUNT PHARMACIES NO. 7, INC.						
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
10720 SW MIAMI, FL	72ND STREET 33173 US					
Current Mailing Address:			New Maili	New Mailing Address:		
5959 NW 37TH AVENUE MIAMI, FL 33142 US						
FEI Number: 65-0305618 FEI Number Applied For ( ) FEI Number		FEI Number Not App	icable ( )	Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
NAVARRO, MARCEL L 5959 NW 37TH AVENUE MIAMI, FL 33142 US			5959 NW (	NAVARRO, MARCEL L DVPST 5959 NW 37TH AVENUE MIAMI, FL 33142 US		
The above in the State		ubmits this statement for the pu	irpose of changing i	ts registered o	office or registered agent, or both,	
SIGNATURE: MARCEL L. NAVARRO				04/22/2004		
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () I NAVARRO, JOSI 5959 NW 37TH A MIAMI, FL 3314	AVENUE	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	DVP () I NAVARRO, LUIS 5959 NW 37TH A MIAMI, FL 3314	AVENUE	Title: Name: Address: City-St-Zip:	(	) Change()Addition	
Title: Name: Address: City-St-Zip:	DVPS () I NAVARRO, MAR 5959 NW 37TH A MIAMI, FL 3314	\VE	Title: 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARCEL L. NAVARRO DVST 04/22/2004

() Change () Addition