


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90528 040 ***150.00

DOCUMENT # 522606

1. Entity Name
SEDANO'S PHARMACY AND DISCOUNT STORES, INC.



Principal Place of Business
**9686 SW CORAL WAY
 MIAMI, FL 33165**

Mailing Address
**9686 SW CORAL WAY
 MIAMI, FL 33165**

03041607



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04152004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
59-1728771

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARQUEZ, JOSE M
 782 NW LEJEUNE ROAD
 SUITE 543
 MIAMI, FL 33126**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is acceptable)
**Law Offices of
 Marquez & Marcelo Robaina, P.A.
 LeJeune Center, Suite 548**

City **782 N.W. LeJeune Road FL** Zip Code
Miami, Florida 33126

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  DATE **4/15/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUERRA, ARMANDO J. 9475 JOURNEY'S END ROAD CORAL GABLES, FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HERRAN, MANUEL A. 8460 SW 5TH STREET MIAMI, FL 33144 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GUERRA, ALBERTO 241 CAPE FLORIDA DRIVE KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALGUEIRO, HEBERTO 1524 SW S66 COURT MIAMI, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DIAZ, JOSE F 9301 SW 103RD ST MIAMI, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GUERRA, MARIA C 9475 JOURNEY'S END ROAD CORAL GABLES, FL 33156 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **4/15/04 (305)** DAYTIME PHONE # **447-1160**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR