

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 NOV 16 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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			
2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1728771	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARQUEZ & MARCELO ROBAINA, P.A 6303 BLUE LAGOON DRIVE SUITE 390 MIAMI, FL 33126-6005				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUERRA, ARMANDO J		NAME	200081873692 11/16/06--01071--007 **150.00	
STREET ADDRESS	9475 JOURNEY'S END ROAD		STREET ADDRESS	REINSTATEMENT 06	
CITY-ST-ZIP	CORAL GABLES, FL 33156		CITY-ST-ZIP	p 11/17	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERRAN, MANUEL A		NAME		
STREET ADDRESS	8460 SW 5TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33144		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUERRA, ALBERTO		NAME		
STREET ADDRESS	241 CAPE FLORIDA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE, FL 33149		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SALGUEIRO, HEBERTO		NAME		
STREET ADDRESS	1524 SW 66 COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331445548		CITY-ST-ZIP		
TITLE	DVAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIAZ, JOSE F		NAME		
STREET ADDRESS	9301 SW 103RD ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331763056		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUERRA, MARIA C		NAME		
STREET ADDRESS	9475 JOURNEY'S END ROAD		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33156		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 _____			11/13/06 (305) 262-2206 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					