

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 522606

FILED
Feb 18, 2011
Secretary of State

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

Current Principal Place of Business:

1430 SOUTH DIXIE HIGHWAY
201
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

2100 SALZEDO STREET
300
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 59-1728771 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ARAZOZA & FERNANDEZ-FRAGA, P.A.
2100 SALZEDO STREET
SUITE 300
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: PD
Name: GUERRA, ARMANDO J
Address: 1430 SOUTH DIXIE HIGHWAY SUITE 201
City-St-Zip: CORAL GABLES, FL 33146

Title: DS
Name: HERRAN, MANUEL A
Address: 8460 SW 5TH STREET
City-St-Zip: MIAMI, FL 33144

Title: DVP
Name: GUERRA, ALBERTO
Address: 241 CAPE FLORIDA DRIVE
City-St-Zip: KEY BISCAVNE, FL 33149

Title: VP
Name: SALGUEIRO, HEBERTO
Address: 1524 SW 66 COURT
City-St-Zip: MIAMI, FL 331445548

Title: DVAS
Name: DIAZ, JOSE F
Address: 9301 SW 103RD ST
City-St-Zip: MIAMI, FL 331763056

Title: DVP
Name: GUERRA, MARIA C
Address: 1430 SOUTH DIXIE HIGHWAY SUITE 201
City-St-Zip: CORAL GABLES, FL 33146

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: ARMANDO J GUERRA

PD

02/18/2011

Electronic Signature of Signing Officer or Director

_____ Date