


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F03000004110  
1. Entity Name  
BELLCO DRUG CORP.



Principal Place of Business: 5500 NEW HORIZONS BLVD. N. AMITYVILLE, NY 11701  
Mailing Address: 5500 NEW HORIZONS BLVD. N. AMITYVILLE, NY 11701



01032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 11-1963334 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
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, 2006 Fee will be \$550.00**

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

U00000383369  
01/12/06-80051-005 158.75

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	SCHUSS, ERIC
STREET ADDRESS	5500 NEW HORIZONS BLVD.
CITY-ST-ZIP	N. AMITYVILLE, NY 11701
TITLE	VCST
NAME	SCHUSS, DAVID J
STREET ADDRESS	5500 NEW HORIZONS BLVD.
CITY-ST-ZIP	N. AMITYVILLE, NY 11701
TITLE	CEO
NAME	GOLDSTEIN, NEAL
STREET ADDRESS	5500 NEW HORIZONS BLVD.
CITY-ST-ZIP	N. AMITYVILLE, NY 11701
TITLE	P
NAME	RUSSO, VINCENT
STREET ADDRESS	5500 NEW HORIZONS BLVD.
CITY-ST-ZIP	N. AMITYVILLE, NY 11701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Vincent Russo VINCENT RUSSO - PRESIDENT + CEO 1/3/06 631-789-6300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #