


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2007 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

DO NOT WRITE IN THIS SPACE



07032007 No Chg-P CR2E034 (11/05)

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 | CEOD |
| 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 | |

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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: X *V. Russo* - PRESIDENT x 7/05/07 x 631.789.6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Days/Mo Phone #