

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80107155

**DOCUMENT # P01000074720**

1. Entity Name  
**DISCOUNT FARES, INC.**

Principal Place of Business: 2121 PONCE DE LEON BLVD., SUITE #240 CORAL GABLES, FL 33134  
 Mailing Address: 2121 PONCE DE LEON BLVD., SUITE #240 CORAL GABLES, FL 33134

2. Principal Place of Business: 10 NW 42 Ave Suite, Apt. #, etc. 210  
 3. Mailing Address: 10 NW 42 Ave Suite, Apt. #, etc. 210

City & State: Miami FL Zip: 33126  
 City & State: Miami FL Zip: 33126

4. FEI Number: 65-1125553 Applied For Not Applicable

5. Certificate of Status Desired:  \$6.75 Additional Fee Required

6. Name and Address of Current Registered Agent: PRATS, GABRIEL 2121 PONCE DE LEON BLVD., SUITE #240 CORAL GABLES, FL 33134  
 7. Name and Address of New Registered Agent: Name: Peter Wei, Address: 10 NW 42 Ave Suite 210, City: Miami, FL Zip: 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: [Signature] Pres. Peter Wei Date: 4/29/03

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN FY	
TITLE: PSTD NAME: WEL, PETER STREET ADDRESS: 2121 PONCE DE LEON BLVD., SUITE #240 CITY-ST-ZIP: CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: 10 NW 42 Ave Suite 210 CITY-ST-ZIP: Miami FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(c), 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to it, as stated, with all other like employment.

SIGNATURE: [Signature] Peter Wei (Pres.) Date: 4/29/03 (25)567-0055

10 NW 42 Ave Suite 210  
Miami, FL 33126