


**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90121 011 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # P02000131277**

1. Entity Name  
**ADRIANA DISCOUNT INC.**



Principal Place of Business  
**1061 SW 8 ST  
 MIAMI, FL 33130**

Mailing Address  
**1061 SW 8 ST  
 MIAMI, FL 33130**

**14019390**



04222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3732663**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ADRIANA MEDINA, MARIA  
 1061 SW 8 ST  
 MIAMI, FL 33130**

**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 reappointing)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	ADRIANA MEDINA, MARIA
STREET ADDRESS	830 W 30 ST
CITY- ST- ZIP	HIALEAH, FL 33012
TITLE	T
NAME	<del>GARCIA, LOUIS M</del>
STREET ADDRESS	<del>866 W 38 ST</del>
CITY- ST- ZIP	<del>HIALEAH, FL 33012</del>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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 exemption stated in Section 119.07(3)(l), 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/25/04**

Daytime Phone # \_\_\_\_\_