


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90063 036 ***150.00

DOCUMENT # P03000056529

1. Entity Name
MILEIKA'S DOLLAR DISCOUNT NO.2, INC.



Principal Place of Business
1518 NW 17 AVE
MIAMI, FL 33125

Mailing Address
1206 SW 2nd St
1518 NW 17 AVE
MIAMI, FL 33128
2nd street
Miami FL 33135

4001-24051215

2. Principal Place of Business
1206 SW 2nd St
 Suite, Apt. #, etc.
MIAMI FL 33135

3. Mailing Address
1697 NW 27 Ave
 Suite, Apt. #, etc.
MIAMI FL



City & State
MIAMI FL

City & State
MIAMI FL

Zip
33135

Country
DODE

Zip
33135

Country
DODE

04072004 Chg-P CR2E034 (10/03)

4. FEI Number
1179002
57-1179002

Applied For
 Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

MARTINEZ, MELANIA
1518 NW 17 AVE
MIAMI, FL 33125

Change address
1206 SW 2nd street
Miami FL 33135

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code

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
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 NAME STREET ADDRESS CITY-ST-ZIP	PVST MARTINEZ, MELANIA 1518 NW 17 AVE MIAMI, FL 33125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, MELANIA 1518 NW 17 AVE MIAMI, FL 33125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Melania Martinez* *Melania Martinez* *04/17/2004 (305) 541-4886*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #