


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90064 037 ***150.00

DOCUMENT # P92000013655
 1. Entity Name
DISCOUNT SCREEN COMPANY, INC.



Principal Place of Business Mailing Address
1911 S. PALM AVENUE **1911 S. PALM AVENUE**
MIRAMAR FL 33025 **MIRAMAR FL 33025**

10010004



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0385243** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CENTOFANTI, ROBERT
18311 N.W. 8 ST.
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent
 Name **ROBERT CENTOFANTI**
 Street Address (P.O. Box Number is Not Acceptable)
17110 S.W. 64 CT.
 City **SOUTHWEST RANCHES** FL Zip Code **33331**

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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 11	
TITLE P <input type="checkbox"/> Delete	NAME CENTOFANTI, ROBERT STREET ADDRESS 18311 N.W. 8TH ST CITY-ST-ZIP PEMBROKE PINES FL 33029	TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME ROBERT CENTOFANTI STREET ADDRESS 17110 SW 64 CT. CITY-ST-ZIP SOUTHWEST RANCHES, FL. 33331
TITLE VP <input type="checkbox"/> Delete	NAME CENTOFANTI, LISA J STREET ADDRESS 18311 N.W. 8 ST. CITY-ST-ZIP PEMBROKE PINES FL 33029	TITLE VP, LISA J. CENTOFANTI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME LISA J. CENTOFANTI STREET ADDRESS 17110 S.W. 64 CT. CITY-ST-ZIP SOUTHWEST RANCHES, FL. 33331
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	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 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: Robert Centofanti **ROBERT CENTOFANTI** 1-24-05 (954) 437-6667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #