2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 15, 2004 08:00 AM Secretary of State **DOCUMENT # P95000016289** U.S. 1 DISCOUNT MALL, INC. Principal Place of Business Mailing Address 18901 S. DIXIE HIGHWAY 18901 S. DIXIE HIGHWAY MIAMI, FL 33157 MIAMI, FL 33157 02122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0559083 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AKAR, JOSEPH DO NOT WRITE 18901 S. DIXIE HIGHWAY MIAMI, FL 33157 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. Signature, typed or printed name of registered agent and title if applicable. (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 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS HRE NAME AKAR, JOSEPH U00000088444 03/15/04-80051-024 150.00 STREET ADDRESS 18901 S. DIXIE HIGHWAY CITY-ST-ZIP MIAMI, FL 33157_ DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE C87Y-S1-78P IN THIS SPACE TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 ampowered 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

SIGNATURE:

CITY -ST - 70P

MARKE STREET ADDRESS CiTY - ST - ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED