2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #381038

1. Entity Name RITE DISCOUNT, INC.



Principal Place of Business

198 S.COURT-NORTHSIDE SHOPPING CTR. 27 AVENUE N.W. - 79 STREET

MIAMI, FL 33147

Mailing Address

198 S.COURT-NORTHSIDE SHOPPING CTR. 27 AVENUE N.W. - 79 STREET

MIAMI, FL 33147

FILED Jan 20, 2005 8:00 am **Secretary of State**

01-20-2005 90029 019 ***150.00



01112005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-1364101 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

- 6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CORREA, JOSE M

DO NOT WRITE

| 18331 S.W. 33 STREET MIRAMAR, FL 33029 | | IN THIS SPACE | | | |
|---|--|---------------------------|----------------------------------|-----------------------------------|------------|
| 8. The above named entity submits this statement for the the obligations of registered agent. | purpose of changing its registered | office or registered | d agent, or both, in the State o | of Florida. I am familiar with, a | and accept |
| SIGNATURE ** Signature, typed or printed name of registered agent and til | tle if applicable. (NOTE: Registered A | gent signature required w | hen reinstating) | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | | | |
| | 900 th Court H 866 SHOPPING | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | • | | |
| TITLE NAME STREET ADDRESS - ~ CITY-ST-ZIP | | | DO NOT | WRITE | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | Ł | | | SPACE | |
| TITLE NAME STREET ADDRESS CUTY_ST_7IP | | | | | |

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: 1

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-691-8331