


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 546388	
1. Entity Name ASTRO DISCOUNT INC.	

Principal Place of Business 1673 S.W. 27TH AVE. MIAMI, FL 33145	Mailing Address 1673 S.W. 27TH AVE. MIAMI, FL 33145
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02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1763017	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
HERNANDEZ, LOURDES 1804 SE 100TH AVE MIAMI, FL 33135	


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. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000105313 04/07/04-80021-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, LOURDES 1804 SW 100TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HERNANDEZ, LORENZO A 1804 SW 100TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, LORENZO H 1673 SE 27 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:  **04/02/04**

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