

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2006 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**



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1763017	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HERNANDEZ, LOURDES
1804 SE 100TH AVE
MIAMI, FL 33135**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

01-12-06
Date

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11111111390713
01/24/06-80010-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HERNANDEZ, LOURDES
STREET ADDRESS	7730 SW 72ND TERRACE
CITY - ST - ZIP	MIAMI, FL 33143
TITLE	STD
NAME	HERNANDEZ, LORENZO A
STREET ADDRESS	7730 SW 72ND TERR
CITY - ST - ZIP	MIAMI, FL 33143
TITLE	D
NAME	HERNANDEZ, LORENZO H
STREET ADDRESS	1673 SE 27 AVE
CITY - ST - ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 119, 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:

Loures Hernandez
Signature and typed or printed name of signing officer or director

President
01-12-06
Date

Date

Daytime Phone #