

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90058 050 ***150.00

DOCUMENT # 561478

1. Entity Name

SUPER DISCOUNT CORPORATION



Principal Place of Business

1104 W. 29 ST
HIALEAH FL 33012

Mailing Address

1104 W. 29 ST
HIALEAH FL 33012

50009650

2. Principal Place of Business

3. Mailing Address

829 Malaga Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Gables FL

Zip

Country

Zip

Country

33134

4. FEI Number

59-1814707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORTINAS, SEBASTIAN O.
3750 SW 128 AVE
MIAMI FL 33175

Name

Street Address (P.O. Box Number is Not Acceptable)

829 Malaga Ave

City

Coral Gables

FL

Zip Code

33134

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, 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 PD ☐ Delete
NAME CORTINAS, SEBASTIAN O.
STREET ADDRESS 3750 SW 128 AVE
CITY-ST-ZIP MIAMI FL 33175

TITLE **P/S/T/D** ☒ Change ☐ Addition
NAME **CORTINAS, Sebastian O.**
STREET ADDRESS **829 Malaga Ave**
CITY-ST-ZIP **Coral Gables FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCORTINAS

1/27/05

305-476-1418

Date

Daytime Phone #