2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 09, 2005 08:00 AM Secretary of State

	WISHAW IV	<u>Li Viti</u>			May U.	<i>></i> , ∡ບບ	S 00.00 A
1. Entity Nam	MENT # K19410 FASHIONS & DISCOUNT, INC.				Sec	retary	of State
	TH AVE., #206 3	ailing Address 3960 W, 16TH AVE., #206 IIALEAH, FL 33012					TRIN RIBU BURUNKE IR IBBI
D	OO NOT WRITE II	CE	04262005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For S5-0041049 Not Applicabl 5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent NOY, ELVIRA 9806 NW 80 AVE #12-B HIALEAH GARDENS, FL 33016 DO NOT WRITE 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							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ncing \$5.	.00 May Be ed to Fees			
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE	OFFICERS AND DIRECT PD NOY, ELVIRA 1363 W 43 PL HIALEAH, FL 33012	TORS			000000 05/03/05 NOT W THIS SP	RITE	007 150 . 00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE							

12. Thereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 of frustee 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:

NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #