

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90004 028 ***150.00

DOCUMENT # P00000059987

1. Entity Name

BEST QUALITY DISCOUNT CENTER, INC.



Principal Place of Business
9612 NE 2ND AVE
NORTH MIAMI FL 33138

Mailing Address
6475 NEW HAMPSHIRE AVE.
SUITE 200F
HYATTSVILLE MD 20783

2. Principal Place of Business

3. Mailing Address

6495 NEW HAMPSHIRE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

190

City & State

City & State

HYATTSVILLE, MD 20783

Zip

Country

Zip

Country

20783

PG.

4. FEI Number

52-2316743

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

**JABOUIN, ROSE M
1121 NE 202 ST
NORTH MIAMI FL 33168**

Name

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

City

FL

Zip Code

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 \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HOGARTH, MAX JOURNAL**
STREET ADDRESS **19426 BREEZEDAILE LANE**
CITY-ST-ZIP **GERMANTOWN MD 20876**

TITLE **D** ☐ Delete
NAME **MEDINA, ELIANA H**
STREET ADDRESS **94-39 224TH STREET**
CITY-ST-ZIP **QUEENS VILLAGE NY**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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

9/16/04

Date

Daytime Phone #