2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000059987

Entity Name: BEST QUALITY DISCOUNT CENTER, INC.

FILED Jul 25, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9612 NE 2ND AVE NORTH MIAMI, FL 33138

Current Mailing Address: New Mailing Address:

6493 NEW HAMPSHIRE AVE 190 HYATTSVILLE, MD 20783 6495 NEW HAMPSHIRE AVE 190 HYATTSVILLE, MD 20783

FEI Number: 52-2316743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 JABOUIN, ROSE M
 JOSEPH, YVES-MARIE

 1121 NE 202 ST
 863 107TH ST NW

 NORTH MIAMI, FL 33168
 US

 MIAMI, FL 33168
 US

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.

SIGNATURE: YVES-MARIE JOSEPH 07/25/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: **PRFS** (X) Change () Addition HOGARTH, MAX JOURNEL HOGARTH, MAX JOURNEL Name: Name: 19426 BREEZEDALE LANE 19426 BREEZEDALE LANE Address: Address: City-St-Zip: GERMANTOWN, MD 20876 City-St-Zip: GERMANTOWN, MD 20876

Title: D () Delete Title: DIR (X) Change () Addition Name: MEDINA, ELIANA H Name: MEDINA, ELIANA H

Name:MEDINA, ELIANA HName:MEDINA, ELIANA HAddress:94-39 224TH STREETAddress:94-39 224TH STREETCity-St-Zip:QUEENS VILLAGE, NYCity-St-Zip:QUEENS VILLAGE, NY

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAX HOGARTH PRES 07/25/2005