

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000068191

FILED
Feb 20, 2012
Secretary of State

Entity Name: DISCOUNT INSURANCE CENTER TWO INC.

Current Principal Place of Business:

17038 COLLINS AVENUE
SUNNY ISLES, FL 33160

New Principal Place of Business:

Current Mailing Address:

17038 COLLINS AVENUE
SUNNY ISLES, FL 33160 US

New Mailing Address:

FEI Number: 65-1025115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CICARELLI, LEONARDO A MR.
17201 COLLINS AVE #1206
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: CICARELLI, LEONARDO A
Address: 17201 COLLINS AVE #1206
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: V.P.
Name: MUKHIN, VADIM
Address: 2780 N.E. 183RD ST #1615
City-St-Zip: AVENTURA, FL 33160 US

I hereby 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 all other like empowered.

SIGNATURE: LEONARDO CICARELLA

PRES

02/20/2012

Electronic Signature of Signing Officer or Director

Date