2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 08:00 AM Secretary of State

Country Zip Country Zip Country S. Certificate of Status Desired Se. 8.75 Address of Current Registered Agent S. Certificate of Status Desired Se. 8.75 Address of Name and Address of Name Address of Name Address of Name Registered Agent Name	DOCUMENT # POUUUT 1. Entity Name KF-DISCOUNT BOOKS, INC.	JUZ 13			ccicialy of State
Suite, Apt. if etc. Suite, Ap	1123 NW 39TH AVENUE	1123 NW 39TH AVENU			
City & State Country Count	2. Principal Place of Business	3. Mailing Address			
Zip Country Zip Country 5. Centrify 5. Centrificate of Status Desired	Suite, Apt. # etc.	e, Apt. #Fetc. Suite, Apt. #, etc.		02042005 Chg-P	CR2E034 (10/03)
S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent HUSSAIN, STED 1123 NW 39TH AVENUE COCONUT CREEK, FL 33066 Street Address (P.O. Box Number is Not Acceptable) 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 the obligations of registered agent. SIGNATURE Signature, typed or phritid name of registered agent are 884 7 applicable PILE NOW!!! FEE IS \$150.00 After fiftay 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NAME SIRECT ADDRESS ORY-ST-ZIP TITLE NAME SIRECT ADDRESS ORY-ST-ZIP TITLE NAME SIRECT ADDRESS ORY-ST-ZIP TITLE NAME SIRECT ADDRESS ORY-ST-ZIP Change TITLE NAME SIRECT ADDRESS ORY-ST-ZIP Change Ch	City & State	City & State			Applied For Not Applicable
Name Name	Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
HUSSAIN, STED 1123 NW 39TH AVENUE COCONUT CREEK, FL 33066 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 the obligations of registered agent. SIGNATURE Signature, typed or primal name of registered agent and like if applicable (NOTE Triginatered Agent signature neotified when mirroring) DATE FILE NOW!!! FEE IS \$150.00	6. Name and Address of Curr	ent Registered Agent		7. Name and Address of New	Registered Agent
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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tible if applicable (NOTE Trigitatered Agent signature required when reincating) DATE	1123 NW 39TH AVENUE			s (P.O. Box Number is Not Acceptable)	ile)
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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and file if applicable (NOTE Registered Agent signature required when reinstailing) DATE			City		FL Zip Code
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12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information of 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 did 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 anged, or on an attachment with an address, with all other like empowered.	12. I hereby certify that the information supplied indicated on this report or supplemental report of the corporation or the receiver or trustee a changed, or on an attachment with an addre	with this filling does not quality for it is true and accurate and that in mpowered to execute this report so, with all other like empowered	or the exemption stated in S my signature shall have the t as required by Chapter 6 i.	Section 119.07(3)(1), Florida Statutes e same legal effect as if made under 07, Florida Statutes, and that my nar	. I further certify that the information roath, that I am an officer or director ne appears in Block 10 or Block 11 if
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #	SIGNATURE: SIGNATURE AND TYPE	OR PRINTED NAME OF SIGNING OFFICER	R OR DIRECTOR	2/1/9 Date	Daylime Phone #