

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000107851

FILED
Jan 20, 2004
Secretary of State

Entity Name: DISCOUNT DISTRIBUTORS USA, INC.

Current Principal Place of Business:

4317 CREEKSIDE DR.
KISSIMMEE, FL 34746

New Principal Place of Business:

5811, IRLO BRONSON HWAY
SUITE-133
KISSIMMEE, FL 34746

Current Mailing Address:

4317 CREEKSIDE DR.
KISSIMMEE, FL 34746

New Mailing Address:

4317 CREEKSIDE DR.
HOUSE
KISSIMMEE, FL 34746

FEI Number: 59-3681378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAMAN, SHAD
4317 CREEKSIDE DR.
KISSIMMEE, FL 34746

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZAMAN, SHAD
Address: 4317 CREEKSIDE DR.
City-St-Zip: KISSIMMEE, FL 34746

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MAN () Change (X) Addition
Name: NAHAR, ASHARAFUN
Address: 3417 CREEKSIDE DR.
City-St-Zip: KISSIMMEE, FL 34746 US

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: SHAD ZAMAN

DIR

01/20/2004

Electronic Signature of Signing Officer or Director

Date