



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90286 026 ***150.00

DOCUMENT # P00000116792 1. Entity Name ALAIN DISCOUNT CORP.					
Principal Place of Business 203 S.W. 17 AVE. #203 A, 1ST FLOOR MIAMI FL 33135				Mailing Address 203 S.W. 17 AVE. #203 A, 1ST FLOOR MIAMI FL 33135	
2. Principal Place of Business 203SW 17 Ave Suite, Apt. #, etc. 203 A 1st Floor City & State Miami FL Zip 33135		3. Mailing Address 203SW 17 Ave Suite, Apt. #, etc. 203 A 1st Floor City & State Miami FL Zip 33135			
4. FEI Number 65-1067863		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PIMENTEL, ALFREDO 203 S.W. 17 AVE. #203 A MIAMI FL 33135			7. Name and Address of New Registered Agent 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 <u>Alfredo Pimentel</u> DATE <u>04/26/04</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIMENTEL, ALFREDO 203 S.W. 17 AVE., #203A MIAMI FL 33135		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Alfredo Pimentel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/26/04