


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2005 8:00 am
Secretary of State

06-08-2005 90002 018 ***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 203 SW 17 Ave Suite, Apt. #, etc. #203A 1st floor City & State Miami FL Zip 33135 Country USA		3. Mailing Address 203 SW 17 Ave Suite, Apt. #, etc. #203A 1st floor City & State Miami FL Zip 33135 Country USA	
4. FEI Number 65-1067863		Applied For 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: Pedro Aragon Street Address (P.O. Box Number is not acceptable) 203 SW 17 Ave #203A City: Miami FL 33135	
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: <i>Pedro Aragon</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pedro Aragon 203 SW 17 Ave #203A Miami FL 33135 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>Pedro Aragon</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		06-04-05 6436949 Date Daytime Phone #	

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