



FILED
Apr 26, 2005 8:00 am
Secretary of State

[illegible]

DOCUMENT # P01000029611				04-26-2005 90127 020 ***150.00	
1. Entity Name CLOTHING DISCOUNT, INC.					
Principal Place of Business 13816 SW 152 ST. MIAMI, FL 33177		Mailing Address 13792 SW 152ND ST. MIAMI, FL 33177			
2. Principal Place of Business 777 NW 72 AVE		3. Mailing Address 777 NW 72 AVE			
Suite, Apt. #, etc. MB2BB52		Suite, Apt. #, etc. MB2BB52		03162005 Chg-P CR2E034 (10/03)	
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 65-1087660	
Zip 33126		Country US		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 VALLEJOS, SOTO F MIAMI MART 777 NW 72ND AVE. #MB2BB52 MIAMI, FL 33126			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	ST SOTO, FRIDA VALLEJOS 8253 N.W. 5TH TER MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SOTO, FRIDA VALLEJOS 18756 SW 100 AVE MIAMI, FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOTO, PABLO LUIS 8253 N.W. 5TH TER MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOTO, PABLO LUIS 18756 SW 100 AVE MIAMI, FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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: _____			Date: 4-18-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		