2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # P01000030112 AZIZ DISCOUNT FOOD STOP AND BEAUTY SUPPLY. 08 MAY 30 AM 8: 46 INC. Principal Place of Business Mailing Address 1691 N E 148TH ST 1691 N E 148TH ST MIAMI, FL 33181 MIAMI, FL 33181 04292008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-7089184 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent UDDIN, MD MISBAH DO NOT WRITE 1691 N E 148TH ST MIAMI, FL 33181 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE UDDIN, MD MISBAH NAME 1691 NE 148TH ST STREET ADDRESS MIAMI, FL 33181 CITY-ST-ZIP 200130895502 06/05/08--01006--002 **888.75 TITLE AYESHA, SADEKA NAME 1691 N E 148TH ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33181 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

54/29/08

Daytime Phone #