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Secretary of State

01-31-2005 90085 024 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000070632

1. Entity Name
DISCOUNT ART & FRAMES, INC.

66003188

01252005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
12400 SW 99TH STREET MIAMI, FL 33186	12400 SW 99TH STREET MIAMI, FL 33186

2. Principal Place of Business		3. Mailing Address	
8414 SW 40 ST Suite, Apt. #, etc.		PO Box 693754 Suite, Apt. #, etc.	
City & State: Miami Fl		City & State: Miami Fl	
Zip: 33155	Country: USA	Zip: 33269	Country: USA

4. FEI Number: 65-1125316 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~VAZQUEZ, OMAR M~~
12400 SW 99TH STREET
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name: VAZQUEZ, OMAR M
Street Address (P.O. Box Number is Not Acceptable): 15190 SW 15 Street
~~PO Box 693754~~
City: Miami FL Zip Code: 33194 ~~33269~~

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] 1/24/05
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS VAZQUEZ, OMAR M 12400 SW 99TH STREET MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres VAZQUEZ, OMAR M PO Box 693754 Miami Fl 33269	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT ROJAS, ENIER L 7050 W. FLAGLER STREET APT. #7 MIAMI, FL 33144	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ ~~Rojas~~	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 1-24-05 305-786-5210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #