


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91218 026 ***158.75

DOCUMENT # P01000077493	
1. Entity Name DISCOUNT MOBILITY USA, INC.	

Principal Place of Business 5184 MAJORCA CLUB DRIVE BOCA RATON FL 33486	Mailing Address 5184 MAJORCA CLUB DRIVE BOCA RATON FL 33486
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24066624



MOORE CR2E034 (11/03)

2. Principal Place of Business 16555 WHITE ORCHID LANE Suite, Apt. #, etc.	3. Mailing Address 16555 WHITE ORCHID LANE Suite, Apt. #, etc.
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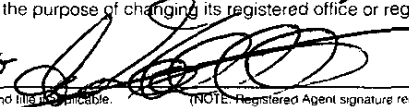
City & State DELRAY BEACH, FL	City & State DELRAY BEACH, FL
Zip 33446	Zip 33446
Country USA	Country USA

4. FEI Number 03-0425623	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GOLDBERG, IRA S 5184 MAJORCA CLUB DRIVE BOCA RATON FL 33486	
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7. Name and Address of New Registered Agent Name IRA S. GOLDBERG Street Address (P.O. Box Number is Not Acceptable) 16555 WHITE ORCHID LANE City DELRAY BEACH FL Zip Code 33446	
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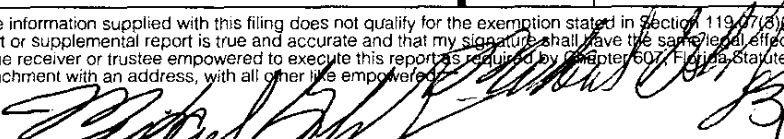
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE IRA S. GOLDBERG  Signature, typed or printed name of registered agent and this is acceptable. (NOTE: Registered Agent signature required when reinstating.) DATE 4/28/04	
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDBERG, MICHAEL 5184 MAJORCA CLUB DR BOCA RATON FL 33486 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOLDBERG, RENEE 5184 MAJORCA CLUB DRIVE BOCA RATON FL 33486 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16555 WHITE ORCHID LANE DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16555 WHITE ORCHID LANE DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PQ. 158-25 4/28/04 Check 1397
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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(8)(b), 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 4/28/04 DAYTIME PHONE # 407-438-8010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	