### 2008 FOR PROFIT CORPORATION ANNUAL REPORT

# ANNUAL REPORT DOCUMENT # P0200005254 1. Entity Name DISCOUNT CORNER, INC. Principal Place of Business 1079 SUNSET STRIP SUNRISE, FL 33313 Average Principal Place DAVIE, FL 33324

#### FILED May 27, 2008 08:00 AN Secretary of State



#### DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AHMAD, MAHMOD Y P 10911 SW 10TH PLACE DAVIE, FL 33324

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the ilons of registered agent.	purpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and to	te il applicable. (NOTE: Registere	d Agent signatur	required when reinstating)	DATE
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		Election Campaign Finar     Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000952207 06/04/08-80070-014 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-7IP	P AHMAD, MAHMOD 10911 SW 10 PL. DAVIE, FL 33324		:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,			
TITLF NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

<sup>12.</sup> Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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.