2008 FOR PROFIT CORPORATION

FILED 0 ANıte

ANNUAL REPORT				Apr 30, 2008 08:00		
DOCUMENT # P02000017901 1. Entity Name JH DISCOUNT, INC.						Secretary of Sta
	re of Business OTH ST. #F-50 3142	Marling Address 6188 SW 194 AVE PEMBROKE PINES, FL 33332		 	17/10 11 12/14 18/14 (1 2/14 1 3/14 1 3/14 (1 2/14 1 3/14 1 3/14 (1 2/14 1 3/14 1 3/14 (1 3/14 3/14	II DDIOZNIKI SPRZA SONI POTRI NJENDAJ II ZBAJ
DO NOT WRITE IN THIS SPAC			CE	04112008 4. FEI Number 02-055	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
KIM, HACH 3015 N W MIAMI, FL	79TH ST #F50	DO NOT WRITE 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 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature wood or printed name or residered agent and title if applicable (NOTE Registered Agent signature required when remissing) DATE OF Equation Company Figures Signature (Agent signature required when remissing)						
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees						
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D PS KIM, HACK W 3015 N W 79TH ST #F50 MIAMI, FL 33147	RECTORS			05/23/08	0935244 -80065-008 150.00
SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		, 3		DO	NOT W	/RITE
TITLE NAME STREET ADDRESS CHY-S1-ZIP TITLE NAME STREET ADDRESS				IN ⁻	THIS SF	PACE
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					The second second	

12. Thereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/68 Daylare Phone #