

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000018398

Entity Name: DISCOUNT FOOD III INC

**FILED**  
**Sep 16, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

1912 W. COLUMBUS DR.  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

1912 W. COLUMBUS DR.  
TAMPA, FL 33607

**New Mailing Address:**

FEI Number: 90-0320961

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SULLAIMAN, HASHIM  
14927 LAKE FOREST DR  
LUTZ, FL 33549 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: SULLAIMAN, AOUSE  
Address: 14980 PINE GLEN CIR  
City-St-Zip: LUTZ, FL 33559

Title: PD ( ) Delete  
Name: SULLAIMAN, HASHIM  
Address: 1504 N GARDEN AVE  
City-St-Zip: CLEARWATER, FL 33755

Title: SC ( ) Delete  
Name: SULLAIMAN, EYAS  
Address: 15515 LIVINGSTON AVE  
City-St-Zip: LUTZ, FL 33559

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SULLAIMAN, AOUSE  
Address: 14980 PINE GLEN CIR  
City-St-Zip: LUTZ, FL 33559

Title: VPD (X) Change ( ) Addition  
Name: YUCEF, KIHAAH  
Address: 1504 N GARDEN AVE  
City-St-Zip: CLEARWATER, FL 33755

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AOUSE SULLAIMAN

PD

09/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date