2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000035759

1. Entity Name
A 1 A DISCOUNT STORES, INC.

Principal Place of Business	Mailing Address
1716 OCEANSHORE BLVD ORMOND BEACH, FL 32176	1716 OCEANSHORE BLVD ORMOND BEACH, FL 32176

DO NOT WRITE IN THIS SPACE

03082006 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3649559

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POLTA, EUGENE K
1806 VIA CAPRI
MERRITT ISLAND, FL 32952

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BHARUCHA, MEHUL
STREET ADDRESS	180 HIGHWAY A1A
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	VD
NAME	BHARUCHA, MEHUL
STREET ADDRESS	180 HIGHWAY A1A
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	SD
NAME	GANDHI, DINESH C
STREET ADDRESS	595 NEWPORT DRIVE
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	TD
NAME	GANDHI, MANHAR C
STREET ADDRESS	707 LUND CIRCLE
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/25/06-80025-019 150.00

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12. I hereby certify that the information supplied with this filing 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: MANNIE BHARUCHA 03/10/06 321 693 346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #