

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000059083

1. Entity Name

M N DISCOUNT CORPORATION



Principal Place of Business

**9950 NW 53 RD COURT
CORAL SPRINGS, FL 33076**

Mailing Address

**9950 NW 53 RD COURT
CORAL SPRINGS, FL 33076**



03152003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0705491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VALLYANI, NOOR
1185 S. FEDERAL HWY
DEERFIELD BEACH, FL 33441**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Noor Vally
Signature typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

05-20-04

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VALLYANI, NOOR
STREET ADDRESS	9950 NW 53 RD COURT
CITY - ST - ZIP	CORAL SPRINGS, FL 33076
TITLE	D
NAME	VALLYANI, MOHAMMED N
STREET ADDRESS	10225 NW 33RD ST APT # 3
CITY - ST - ZIP	CORAL SPRINGS, FL 33065
TITLE	D
NAME	VALLYANI, NIZAR A
STREET ADDRESS	9950 NW 53 RD COURT
CITY - ST - ZIP	CORAL SPRINGS, FL 33076
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/26/04-80003-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Noor Vally
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-20-04

Date

Daytime Phone #

561-3620491