


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90120 045 \*\*\*150.00

**DOCUMENT # P03000022672**

1. Entity Name  
**ENOBIS DOLLAR DISCOUNT INC.**



Principal Place of Business Mailing Address  
 1150 N.W. 72ND AVENUE SUITE 555 1150 N.W. 72ND AVENUE SUITE 555  
 MIAMI FL 33126 MIAMI FL 33126



1st MOORE CR2E034 (10/05)

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3768999** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**REYES, YUNIO A**  
**1150 N.W. 72ND AVENUE SUITE 555**  
**MIAMI FL 33126**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

|                |                                      |
|----------------|--------------------------------------|
| TITLE          | DPTS <input type="checkbox"/> Delete |
| NAME           | REYES, YUNIO A                       |
| STREET ADDRESS | 1150 N.W. 72ND AVENUE SUITE 555      |
| CITY-ST-ZIP    | MIAMI FL 33126                       |
| TITLE          | DVP <input type="checkbox"/> Delete  |
| NAME           | Fidel Rodriguez                      |
| STREET ADDRESS | 1150 N.W. 72nd Ave. #555             |
| CITY-ST-ZIP    | Miami FL 33126                       |
| TITLE          | <input type="checkbox"/> Delete      |
| NAME           |                                      |
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |
| TITLE          | <input type="checkbox"/> Delete      |
| NAME           |                                      |
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |
| TITLE          | <input type="checkbox"/> Delete      |
| NAME           |                                      |
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |
| TITLE          | <input type="checkbox"/> Delete      |
| NAME           |                                      |
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Yunio A Reyes Yunio Reyes 3/29/06 305-994-7572  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #