## **FILED** Feb 02, 2006 8:00 am Secretary of State 02-02-2006 90038 026 \*\*\*150.00

## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P03000044787  1. Entity Name TERESITA DISCOUNT, INC.											
Principal Place of Business 302 SW 8 AVE MIAMI, FL 33130			3	ailing Address 802 SW 8 AVE AIAMI, FL 33130			600103		1 <b>188</b> : 1881 1881		
2. Principal Place of Business			3.	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01272006	Chg-P	CR2E03	4 (11/05)	
City & State				City & State		4. FEI Numb 57-116				olied For Applicable	
Zip	Country			Zip C		itry .	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
6. Name and Address of Current I				stered Agent	7. Name and Address of New Registered Agent Name						
CAMPANERIA, PEDRO 521SW, 8TH AVE MIAMI, FL 33130					Street Address (P.O. Box Number is Not Acceptable)						
						City		+ 4+ ··· = ···	FL	Zip Code	,
8. The above named entity somits 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_	Signature, typeo	d or printed name of registere	d agent and title	if applicable. (NO)	E: Registere	ed Agent signature require	d when reinstating)		DATE		
FIL After Ma	E NOWill by 1, 200	FEE IS \$150.0 6 Fee will be \$	0 550.00	9. Election Campa Trust Fund Con			.00 May Be ded to Fees				
10.		OFFICERS	AND DIRE		11.		ADDITIONS	/CHANGES TO OFFICE			
NAME CAMPANERIA, PEDRO				Delete TITLE NAME		ľ				☐ Change	☐ Addition
STREET ADDRESS 302 SW 8 AVE 301 MIAMI, FL 33130						EET ADDRÉSS '-ST-ZIP					
TITLE	VPT			☐ Delete TITLI				· <del></del>	-	☐ Change	Addition
NAME STREET ADDRESS	ADDRESS 302 SW 8 AVE			1		EET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33130			CITY  Delete TITL		r-ST-ZIP				☐ Change	☐ Addition
NAME				☐ Delete	NAN	Æ.				Onungo	
STREET ADDRESS CITY-ST-ZIP						EET ADORESS /-ST-ZIP					
TITLE			N	☐ Delete	TITL					☐ Change	Addition
NAME STREET ADDRESS	Į					EET ADDRESS					
CITY-ST-ZIP				□ Delete	CIT	r-st-zip				☐ Change	☐ Addition
NAME				_ Boloto	NAN	AE .					_
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS f-St-Zip					-
TITLE				☐ Delete	TITL					☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP					STR	EET ADDRESS Y-ST-ZIP					
1	i certify that ti I on this repo rporation or	he information supplied ort or supplemental re the receiver or suste	ed with this eport is the empowere	filing does not qualify t and accurate and that ed to execute this repor			ed in Chapter 11 same legal effe 7, Florida Statu	19, Florida Statutes. I fuect as if made under oat tes; and that my name a	rther certii th; that I ar appears in	fy that the in m an officer Block 10 or	nformation or director Block 11 if
12. I hereby 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 frue 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 justed 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 freedom.											
SIGNATURE: X SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylore Prione #											