2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2008 8:00 am Secretary of State

Signature Signature Special Signature Signat	DOCUMENT # P03000044787 1. Entity Name TERESITA DISCOUNT, INC.								01-22-2008 90049 002 ***150.00				
Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country Special Country Sp	02 SW 8 AVI	E	5	302 SW 8 AVE	302 SW 8 AVE			40006649					
City & State Country S. Certificate of Status Desired \$8.75 Addition Fee Required Fee Required 7. Name and Address of New Registered Agent CAMPANERIA, PEDRO 521SW, 87H AVE MIAMI, FL 33130 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, an including its registered agent, or both, in the State of Florida. I am familiar with, an including its registered office or registered agent, or both, in the State of Florida. I am familiar with, an including its registered agent, or both, in the State of Florida. I am familiar with, an including its registered office or registered agent, or both, in the State of Florida. I am familiar with, an including its registered agent, or both, in the State of Florida. I am familiar with, an including its registered agent, or both, in the State of Florida. I am familiar with, an including its registered agent, or both, in the State of Florida. I am familiar with, an including its registered agent, or both, in the State of Florida. I am familiar with, an including its registered agent, or both, in the State of Florida. I am familiar with, an including its registered agent, or both, in the State of Florida. I am familiar with, an including its registered agent, or both, in the State of Florida. I am familiar with, an including its registered agent, or both, in the State of Florida. I am familiar with, an including its registered agent, or both, in the State of Florida. I am familiar with, an including its registered agent, or both, in the State of Florida. I am familiar with, and its registered agent. Signal Address (P.O. Box Number is Not Acceptable) City City City City City City City City	. Principal Pla	ace of Busir	ness - No P.O. Box #	3. Mailing Address	3. Mailing Address								
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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, an international productions of registered agent. SIGNATURE Signature, typed or private rame of repatited agent and after 3 apockable. (MOTE Registered Agent signature required when remaisure) Date FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Date FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Delete Title NAME CAMPANERIA, PEDRO 302 SW 8 AVE CITY-SI-ZIP MAMI, FL 33130 INCE CABRERA, MARIA L SIRRET ADDRESS CITY-SI-ZIP MIAMI, FL 33130 INCE CABRERA, MARIA L SIRRET ADDRESS CITY-SI-ZIP MIAMI, FL 33130 INCE CABRERA, MARIA L SIRRET ADDRESS CITY-SI-ZIP INCE NAME SIRRET ADDRESS CITY-SI-ZIP INCE NAME SIRRET ADDRESS CITY-SI-ZIP Change Change Change Change Change Change Change Change Change SIRRET ADDRESS CITY-SI-ZIP Change Ch	City & State	•		City & State	City & State						<u> </u>	oplied For ot Applicable	
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Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	:AMPANE	RIA PEN	RO.			Name							
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, an increase of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, an increase of registered agent. SIGNATURE Signature, typed or proted name of registered agent and stell applicable. (MOTE Registered Agent signature required when remailing) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Added to Fees Trust Fund Contribution. Delete TITLE NAME CAMPANERIA, PEDRO 302 SW 8 AVE STREET ADDRESS OITY-ST-ZIP MIAMI, FL 33130 Delete TITLE NAME STREET ADDRESS OITY-ST-ZIP NAME STREET ADDRESS OITY-ST-ZIP Delete TITLE NAME STREET ADDRESS OITY-ST-ZIP STREET ADDRESS OITY-ST-ZIP STREET ADDRESS OITY-ST-ZIP STREET ADDRESS OITY-ST-ZIP Delete TITLE NAME STREET ADDRESS STREET ADDRESS OITY-ST-ZIP Change	521SW, 8TH AVE, MIAMI, FL 33130						Street Address (P.O. Box Number is Not Acceptable)						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. hereby certify that the information supplied with this-fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this-fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this-fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this-fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this-fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this-fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this-fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes.	IREET ADDRESS IY-ST-ZIP				NAMI STRE CITY	E Et address -S1-ZIP		vank				Addition	