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Secretary of State

01-22-2008 90049 002 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000044787

1. Entity Name
TERESITA DISCOUNT, INC.

40006649

Principal Place of Business	Mailing Address
302 SW 8 AVE MIAMI, FL 33130	302 SW 8 AVE MIAMI, FL 33130

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01172008 Chg-P CR2E034 (12/06)

4. FEI Number 57-1163880 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAMPANERIA, PEDRO 521SW, 8TH AVE MIAMI, FL 33130	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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CAMPANERIA, PEDRO		NAME		
STREET ADDRESS	302 SW 8 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
TITLE	VPT	☒ Delete	TITLE	VPT	☐ Change ☐ Addition
NAME	CABRERA, MARIA L		NAME	Cabrera, MARIA L.	
STREET ADDRESS	302 SW 8 AVE		STREET ADDRESS	302 SW 8 AVE	
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP	MIAMI, FL 33130	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: x [signature] President x 1/19/08 x 786-273-2262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #