


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90063 036 ***150.00

DOCUMENT # P03000056529	
1. Entity Name MILEIKA'S DOLLAR DISCOUNT NO.2, INC.	

Principal Place of Business 1518 NW 17 AVE MIAMI, FL 33125	Mailing Address 1206 SW 2nd St 1518 NW 17 AVE MIAMI, FL 33125 Miami FL 33135
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2. Principal Place of Business 1206 SW 2nd St Suite, Apt. #, etc. Miami FL 33135	3. Mailing Address 1697 NW 27 Ave Suite, Apt. #, etc. Miami FL
City & State 33135	City & State 33135
Zip 33135	Country DOGE

04072004	Chg-P	CR2E034 (10/03)
4. FEI Number 57-1179002	Applied For <input type="checkbox"/> Not Applicable	

6. Name and Address of Current Registered Agent MARTINEZ, MELANIA 1518 NW 17 AVE MIAMI, FL 33125 <i>Change address 1206 SW 2nd St Miami FL 33135</i>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MARTINEZ, MELANIA 1518 NW 17 AVE MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, MELANIA 1518 NW 17 AVE MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Melania Martinez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <i>04/17/2004</i> Daytime Phone #: <i>(305) 541-4886</i>