

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90161 003 ***150.00

DOCUMENT # P03000133794

1. Entity Name

405 DISCOUNT STORES INC.



Principal Place of Business

180 HIGHWAY A1A
SATELLITE BEACH FL 32937
US

Mailing Address

180 HIGHWAY A1A
SATELLITE BEACH FL 32937
US

54052748



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

20-0403806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POLTA, EUGENE K
1806 VIA CAPRI
MERRITT ISLAND FL 32952

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

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BHARUCHA, MEHUL R
STREET ADDRESS 180 HIGHWAY A1A
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE VP ☐ Delete
NAME MODHERA, NARESH
STREET ADDRESS 120 CENTER ST.
CITY-ST-ZIP MATUCHEN NJ 08840

TITLE SECY ☐ Delete
NAME BHARUCHA, KALPANA M
STREET ADDRESS 180 HIGHWAY A1A
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE TRES ☐ Delete
NAME MODHERA, NARESH
STREET ADDRESS 120 CENTER ST.
CITY-ST-ZIP MATUCHEN NJ 08840

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MEHUL R. BHARUCHA

Date

04.30.04

Daytime Phone #

3216933466