

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90021 028 ***150.00

DOCUMENT # P03000133794

1. Entity Name
405 DISCOUNT STORES INC.



Principal Place of Business Mailing Address
180 HIGHWAY A1A **180 HIGHWAY A1A**
SATELLITE BEACH, FL 32937 US **SATELLITE BEACH, FL 32937 US**

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



03012008 Chg-P CR2E034 (12/06)

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 **7. Name and Address of New Registered Agent**

POLTA, EUGENE K
1806 VIA CAPRI
MERRITT ISLAND, FL 32952

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.

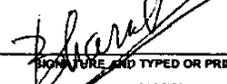
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BHARUCHA, MEHUL R			NAME			
STREET ADDRESS	180 HIGHWAY A1A			STREET ADDRESS			
CITY-ST-ZIP	SATELLITE BEACH, FL 32937			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MODHERA, NARESH			NAME			
STREET ADDRESS	120 CENTER ST.			STREET ADDRESS			
CITY-ST-ZIP	MATUCHEN, NJ 08840			CITY-ST-ZIP			
TITLE	SECY	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BHARUCHA, KALPANA M			NAME			
STREET ADDRESS	180 HIGHWAY A1A			STREET ADDRESS			
CITY-ST-ZIP	SATELLITE BEACH, FL 32937			CITY-ST-ZIP			
TITLE	TRES	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MODHERA, CHANDAN			NAME			
STREET ADDRESS	120 CENTER ST.			STREET ADDRESS			
CITY-ST-ZIP	MATUCHEN, NJ 08840			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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:  **MEHUL BHARUCHA** **03.01.08** **321-453-5048**

Signature and typed or printed name of signing officer or director Date Daytime Phone #