


FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90075 019 ***150.00

DOCUMENT # P03000137503						Secretary of State			
1. Entity Name GABYSA DOLLAR DISCOUNT CORP						02-06-2006 90075 019 ***150.00			
Principal Place of Business 380 WEST 41 STREET HIALEAH, FL 33012				Mailing Address 380 WEST 41 STREET HIALEAH, FL 33012					
2. Principal Place of Business				3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.					
City & State				City & State					
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent VASQUES, RENE 380 WEST 41 STREET HIALEAH, FL 33012				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP P VASQUES, RENE 380 WEST 41 STREET HIALEAH, FL 33012 <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 VP MOISES, ARTILES 380 WEST 41 STREET HIALEAH, FL 33012 <input checked="" 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 <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 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: <u><i>[Signature]</i></u> 2/1/04 (305) 637 8841 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									