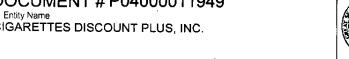
2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P04000011949 1. Entity Name CIGARETTES DISCOUNT PLUS, INC.

FILED Apr 10, 2007 08:00 A Secretary of State

Applied For

Not Applicable



Principal Place of Business

1868 SW 8 STREET MIAMI, FL 33135

Mailing Address

1868 SW 8 STREET MIAMI, FL 33135



DO NOT WRITE II	N	THIS	SPACE
-----------------	---	------	-------

6. Name and Address of Current Registered Agent

03302007	No Chg-P	CR2E034 (11/05)

\$8.75 Additional Fee Required 5. Certificate of Status Desired

4. FEI Number 20-0631310

OSMAN, MAZEN 1329 PENN AVE #6 MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

the obligat	ions of registered agent.	rurpose of changing its f	egistered office or f	egistered agent, or bo	th, in the State of Florida. I am familiar with	i, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little	tepplicable (NOTE,	Registered Agent signature	required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaig Trust Fund Contri	gn Financing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. CIGARETTES DISCOUNT PLUS INC 1868SW8ST MIAMI, FL 33135					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000638783 04/19/07-80017-002	2 150.00
NAME STREET ADDRESS CITY+ST-ZIP			A second of the	DO	NOT WRITE	
TIILE NAME STREE1 ADDRESS CITŶ-ST-ZIP		:		IN "	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
indicated of the cor	certify that the information supplied with this fit on this report or supplemental report is true a poration of the receiver or trustee empowered or on an attachment with an address, with all	and accurate and that my	v signature shall hav	e the same legal effec	at as if made under oath: that I am an office	er or director I