## 2008 FOR PROFIT CORPORATION

## Mar 03, 2008 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P04000021298 T. & O. DISCOUNT PLUS, CORP. Principal Place of Business Mailing Address 380 W 55TH ST 380 W 55TH ST HIALEAH, FL 33012 HIALEAH, FL 33012 No Chg-P CR2E034 (11/05) 02292008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1690864 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GONZALEZ, NOEMI DO NOT WRITE 2475 WES 65 ST HIALEAH, FL 33016 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) U00000084**49**35 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees 03/13/08-80018-013 150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME GONZALEZ, NOEMI BARBARA 2475 WEST 65 ST STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33016 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED