

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90032 049 ***150.00

DOCUMENT # P04000057722

1. Entity Name
DISCOL DISTRIBUTORS CORP.



Principal Place of Business
**430-W PARK DRIVE APT 103
MIAMI, FL 33172**

Mailing Address
**430-W PARK DRIVE APT 103
MIAMI, FL 33172**

2. Principal Place of Business
9755 NW 46 TER
Suite, Apt. #, etc.

3. Mailing Address
9755 NW 46 TER
Suite, Apt. #, etc.

City & State
DORAL
Zip
33178

Country
USA

City & State
DORAL
Zip
33178

Country
USA

04012006 Chg-P CR2E034 (11/05)

4. FEI Number
35-2230334

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DISLA, DAVID
430-W PARK DRIVE APT 103
MIAMI, FL 33172**

7. Name and Address of New Registered Agent

Name
DISLA, DAVID
Street Address (P.O. Box Number is Not Acceptable)
9755 NW 46 TER
City
DORAL FL Zip Code
33178

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 **DAVID DISLA.** **4/1/06**

Signature, typed or printed name of registered agent and sign if applicable.

(NOTE: Registered Agent signature required when returning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
DISLA, DAVID
7714 NW 54TH ST
MIAMI, FL 33166** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
DISLA, DAVID
9755 NW 46 TER
DORAL, FL 33178** ☒ Change ☐ Addition

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

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☐ Change ☐ 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: **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/06 (305) 926-2977
Date Daytime Phone #