

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90290 024 ***150.00

DOCUMENT # P04000078016

1. Entity Name

YAZEN TOBACCO & CIGARETTE DISCOUNT INC.



Principal Place of Business

Mailing Address

~~3785 MAPLE GROVE COURT~~
~~PORT ORANGE FL 32129~~
~~US~~

~~3785 MAPLE GROVE COURT~~
~~PORT ORANGE FL 32129~~
~~US~~

50050727



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

2032 S. RIDGEWOOD AVE

3. Mailing Address

2032 S. RIDGEWOOD AVE

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

4

City & State

S. DAYTONA, FL

City & State

S. DAYTONA, FL

4. FEI Number

20-1123184

Applied For

Not Applicable

Zip

32119

Country

USA

Zip

32119

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GHANNAM, AMNEH
3785 MAPLE GROVE COURT
PORT ORANGE FL 32129

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

Issam A. Ghannam ISSAM A. GHANNAM

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

(NOTE: Registered Agent signature required when reinstating)

4/30/05
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GHANNAM, ISSAM	
STREET ADDRESS	3785 MAPLE GROVE COURT	
CITY-ST-ZIP	PORT ORANGE FL 32129	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GHANNAM, AMNEH	
STREET ADDRESS	3785 MAPLE GROVE COURT	
CITY-ST-ZIP	PORT ORANGE FL 32129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Issam A. Ghannam ISSAM A. GHANNAM 4/30/05 (386) 767-6055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #