

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000089802

1. Entity Name  
DISCOIN, CORP.



Principal Place of Business  
12319 N.W. 11 STREET  
MIAMI, FL 33182

Mailing Address

12319 N.W. 11 STREET  
MIAMI, FL 33182

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip      Country

Zip      Country

02252006      Chg-P      CR2E034 (11/05)

4. FEI Number  
20-1232219

Applied For  
Not Applicable

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



50003508

6. Name and Address of Current Registered Agent

JARAMILLO, GERMAN A JR.  
12319 N.W. 11 STREET  
MIAMI, FL 33182

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

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

(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.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

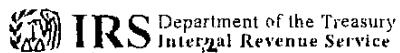
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARAMILLO, GERMAN A SR.		NAME	
STREET ADDRESS	12319 N.W. 11 STREET		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33182		CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAAD, MINERVA		NAME	
STREET ADDRESS	12319 N.W. 11 STREET		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33182		CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARAMILLO, GERMAN A JR		NAME	
STREET ADDRESS	12319 N.W. 11 STREET		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33182		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/09/06 (305) 801-4734  
Date      Daytime Phone #



Ogden Service Center  
OGDEN UT 84201-0038

# ATTACHMENT

50003508  
#P04000089802

In reply refer to: 0757245925  
June 22, 2005 LTR 147C  
20-1232219 000000 00 000  
Input Op: 0757245925 08622  
BODC: SB

DISCOIN CORP  
% GERMAN ANTONIO JARAMILLO  
12319 NW 11 ST  
MIAMI FL 33182-2434190

3596

Employer Identification Number: 20-1232219

Dear Taxpayer:

We received your request of June 13, 2005, asking us to verify your Employer Identification Number (EIN) and name.

Your Employer Identification Number (EIN) is 20-1232219. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

We apologize for any inconvenience we may have caused you, and thank