## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 20, 2005 8:00 am Secretary of State 04-20-2005 90315 002 \*\*\*150.00 DOCUMENT # P04000095220 JANET DOLLAR DISCOUNT INC. 40033343 Principal Place of Business Mailing Address 8400 N.W. 75TH PLACE 8400 N.W. 75TH PLACE **SUITE # 115 SUITE # 115** MIAMI, FL 33015 MIAMI, FL 33015 3.84400 N.W. 75 Th. P.L. 28 your Place of Projess 75 7h. 12. 03012005 Chg-P CB2E034 (10/03) Mani. Fl. Applied For 4. FEI Numbé Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNANDEZ, BELKIS Street Address (P.O. Box Number is Not Acceptable) 8161 N.W. 179TH STREET MIAMI, FL 33015 City 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, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. **PSD** TITLE ☐ Delete TITI E ☐ Change Addition NAME HERNANDEZ, BELKIS NAME STREET ADDRESS 8161 N.W. 179TH ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33015 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition GONZALEZ, PEDRO A NAME NAME 8161 N.W. 179TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33015 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Daytime Phone #