

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000027487

**FILED**  
**Sep 08, 2010**  
**Secretary of State**

**Entity Name:** DISCOUNT SHOE & BEAUTY SUPPLY INC

**Current Principal Place of Business:**

4139 OKEECHOBEE BLVD  
WEST PALM BEACH, FL 33409 US

**New Principal Place of Business:**

**Current Mailing Address:**

4139 OKEECHOBEE BLVD  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

1635 QUAIL DR  
# A- 301  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 20-2667365

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AHAMED, SHAYKAT  
854 EAST OAKLAND PARK BLVD  
OAKLAND PARK, FL 33334 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: AHAMED, SHAYKAT  
Address: 854 EAST OAKLAND PARK BLVD  
City-St-Zip: OAKLAND PARK, FL 33334 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHAYKAT AHAMED

D

09/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date