

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000077995

FILED
Jul 07, 2008
Secretary of State

Entity Name: DISCOUNT DELIVERIES INC

Current Principal Place of Business:

20037 NW 64 CT RD
MIAMI LAKES, FL 33015 US

New Principal Place of Business:

5840 NW 195 ST
MIAMI LAKES, FL 33015 US

Current Mailing Address:

20037 NW 64 CT RD
MIAMI LAKES, FL 33015 US

New Mailing Address:

5840 NW 195 ST
MIAMI LAKES, FL 33015 US

FEI Number: 20-2346832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCOS, FAGUAGA
20037 NW 64 CT RD
MIAMI LAKES, FL 33015 US

Name and Address of New Registered Agent:

MARCOS, FAGUAGA OWNER
5840 NW 195 ST
MIAMI LAKES, FL 33015 US

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: MARCOS FAGUAGA

07/07/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEE, ALBERTO F
Address: 20037 NW 64 CT RD
City-St-Zip: MIAMI LAKES, FL 33015

Title: VP () Delete
Name: ESCOBAR, INGRID
Address: 20037 NW 64 CT RD
City-St-Zip: MIAMI LAKES, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARCOS, FAGUAGA
Address: 5840 NW 195 ST
City-St-Zip: MIAMI LAKES, FL 33015

Title: VP (X) Change () Addition
Name: INGRID, ESCOBAR I
Address: 5840 NW 195 ST
City-St-Zip: MIAMI LAKES, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARCOS FAGUAGA

P

07/07/2008

Electronic Signature of Signing Officer or Director

Date