

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90176 034 ***150.00

DOCUMENT # P05000158183

1. Entity Name

OZM DISCOUNT STORE, INC.



Principal Place of Business

2385 WOODWIND TRAIL
#613
MELBOURNE FL 32935
US

Mailing Address

2385 WOODWIND TRAIL
#613
MELBOURNE FL 32935
US



2. Principal Place of Business

1220 AZALEA CT E

Suite, Apt. #, etc.

3. Mailing Address

1220 AZALEA CT E

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

MELBOURNE FL

Zip
32935

Country
US

City & State

MELBOURNE FL

Zip
32935

Country
US

4. FEI Number

04-3834687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEDINA, OLGA
2385 WOODWIND TRAIL
#613
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name
MEDINA, OLGA
Street Address (P.O. Box Number is Not Acceptable)
1220 AZALEA CT E

City
MELBOURNE FL Zip Code
32935

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/20/06

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D MEDINA, OLGA ☐ Delete
2385 WOODWIND TRAIL #613
MELBOURNE FL 32935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD MEDINA OLGA ☒ Change ☐ Addition
1220 AZALEA CT E
MELBOURNE FL 32935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] OLGA MEDINA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06

Date

Daytime Phone #