

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000059448

FILED  
Jul 15, 2008  
Secretary of State

Entity Name: WEST MIAMI DISCOUNT TOOL, INC.

**Current Principal Place of Business:**

1085 S.W. 67TH AVE.  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

1085 S.W. 67TH AVE.  
MIAMI, FL 33144

**New Mailing Address:**

FEI Number: 65-0432026

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ADELMAN, LAURENCE  
1085 S.W. 67TH AVE  
MIAMI, FL 33144 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ADELMAN, LAURENCE  
Address: 9630 SW 115TH AVE  
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete  
Name: COMITOS, SPIROS N  
Address: 14300 S.W. 82ND AVE  
City-St-Zip: MIAMI, FL 33158

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LARRY ADELMAN

MR.

07/15/2008

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

\_\_\_\_\_ Date