

2005 FOR PROFIT CORPORATION ANNUAL REPORT

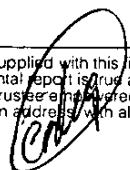
FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90211 047 ***150.00

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04232005 Chg-P CR2E034 (10/03)

DOCUMENT # P94000005319			
1. Entity Name SUPER DISCOUNT II, CORP.			
Principal Place of Business 1104 WEST 29TH ST. HIALEAH, FL 33012		Mailing Address 1104 WEST 29TH ST. HIALEAH, FL 33012	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 829 Malaga Ave Suite, Apt. #, etc.	
City & State		City & State Coral Gables	
Zip	Country	Zip	Country
33134	USA	33134	USA
4. FEI Number 65-0461627		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORTINA, SEBASTIAN O 9834 S.W. 26TH TERRACE MIAMI, FL 33165		7. Name and Address of New Registered Agent Name: Sebastian O Cortina Street Address (P.O. Box Number is Not Acceptable) 829 Malaga Ave City: Coral Gables FL Zip Code: 33134	
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: S. CORTINA DATE: 4/22/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD CORTINA, SEBASTIAN M 9834 S.W. 26TH TERRACE MIAMI, FL 33165 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD Sebastian O Cortina 829 Malaga Ave Coral Gables, FL 33134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CORTINA, ANA 9834 S.W. 26TH TERRACE MIAMI, FL 33165 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	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 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 authorized 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:  S. CORTINA		Date: 4/22/05 786-793-9436	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	