2005 FOR PROFIT CORPORATION ANNUAL REPORT

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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	Mailing Address
1104 WEST 29TH ST. HIALEAH, FL 33012	1104 WEST 29TH ST. HIALEAH, FL 33012

2. Principal Place of Business	3. Mailing Address
	829 Malaga Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Coral Gables
Zip / Country	Zip 33134 / Country 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	7. Name and Address of New Registered Agent
CORTINA, SEBASTIAN O 9834 S.W. 26TH TERRACE MIAMI, FL 33165	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 4/22/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PSTD 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 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: S Cortina 4/22/05 786-793-9436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #