



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90066 021 ***150.00

DOCUMENT # P96000027430 1. Entity Name THE DISCOUNT WAREHOUSE, INC.					
Principal Place of Business 10092 NW 53 ST SUNRISE, FL 33351 US				Mailing Address 10092 NW 53 ST SUNRISE, FL 33351 US	
2. Principal Place of Business 5501 NOB HILL ROAD Suite, Apt. #, etc.		3. Mailing Address 5501 NOB HILL ROAD Suite, Apt. #, etc.			
City & State SUNRISE, FL		City & State SUNRISE, FL		4. FEI Number 65-0651552	
Zip 33351		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHABTAI, R 10092 NW 53 ST SUNRISE, FL 33351				7. Name and Address of New Registered Agent Name SHABTAI, R Street Address (P.O. Box Number Not Acceptable) 5501 NOB HILL ROAD City SUNRISE FL 33351	
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 <i>[Signature]</i> prcs x 1/11/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD SHABTAI, R 10092 NW 53 ST SUNRISE, FL 33351	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5501 NOB HILL RD SUNRISE, FL 33351
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>[Signature]</i> RAPHAEL SHABTAI 1/11/06 (954) 746-8000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					