


FILED
Jul 20, 2006 8:00 am
Secretary of State

401000-2-

DOCUMENT # P97000009235 1. Entity Name DISCOVERY TIMES, INC.		
Principal Place of Business 5152 WEST FLAGLER STREET MIAMI, FL 33134	Mailing Address 410 SW 57 AVE MIAMI, FL 33144	

[illegible]

07172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0724826	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES, FL 33134	

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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	PD CINTRON, JOHN R SR. 5152 WEST FLAGLER STREET MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CINTRON, TANIA I 5152 WEST FLAGLER STREET MIAMI, FL 33134
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

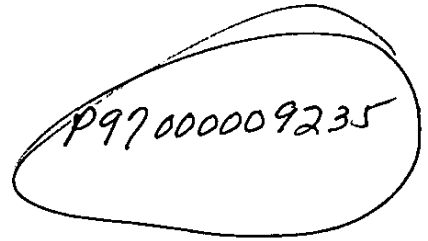
12

Daytime Phone # _____

ATTACHMENT

40100245

Discovery Times, Inc
5152 West Flagler Street
Miami-Fl, 33134



*We did not pay the fee, because we did not receive the card
to pay the annual dues.*

Thank you,

Tania Cintron.