2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000039964

1. Entity Name
DISCOVERY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1775 NW 70TH AVE	1775 NW 70TH AVE
MIAMI, FL 33126	MIAMI, FL 33126

04272006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0754038		Not Applicab

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARRERAS, RAFAEL
1775 NW 70TH AVENUE
MIAMI, FL 33126

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 $150.00 **After May 1, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees	

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	ORDONEZ, RAFAEL A	
STREET ADDRESS	1775 N.W. 70 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	D	
NAME	CARRERAS, RAY	
STREET ADDRESS	1775 N.W. 70 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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05/20/06-80090-013 150.00

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: _____   4/28/06   (305) 592-8790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #