

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000092361

FILED  
Jul 22, 2007  
Secretary of State

Entity Name: NY DISCOUNT CENTER, INC.

**Current Principal Place of Business:**

7900 NW 27TH AVE  
NORTHSIDE SHOPPING CENTER  
MIAMI, FL 33147 US

**New Principal Place of Business:**

**Current Mailing Address:**

7900 NW 27TH AVE  
NORTHSIDE SHOPPING CENTER  
MIAMI, FL 33147 US

**New Mailing Address:**

FEI Number: 65-0790701      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ATARY, YORAM  
4991 NW 102ND DR  
CORAL SPRINGS, FL 33076 US

**Name and Address of New Registered Agent:**

NIKKAS VARIETY & DISTRIBUTING CORP.  
5100SW 41ST ST  
APT 322  
HOLLYWOOD, FL 33023 US

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.

SIGNATURE: VHINES      07/22/2007  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ATARY, YORAM  
Address: 4991 NW 102ND DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VP ( ) Delete  
Name: ATARY, ATARA  
Address: 4991 NW 102ND DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VHINES      RA      07/22/2007  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date