


FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90029 029 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000092361					
1. Entity Name NY DISCOUNT CENTER, INC.					
Principal Place of Business 7900 NW 27TH AVE NORTHSIDE SHOPPING CENTER MIAMI, FL 33147 US			Mailing Address 7900 NW 27TH AVE NORTHSIDE SHOPPING CENTER MIAMI FL 33147 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0790701	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NIKKAS VARIETY & DISTRIBUTING CORP. 5100SW EAST ST APT 322 HOLLYWOOD, FL 33023			7. Name and Address of New Registered Agent Name Siegelau, Golding, Fellen & Hill Street Address (P.O. Box Number is Not Acceptable) 2801 N. University Dr. # 301 City Coral Springs FL Zip Code 33071		
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 _____ (NOTE: Registered Agent signature required when applicable) DATE _____					
FILE NOW!!! FEE IS \$160.00 Due by September 12, 2008.		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete ATARY, YORAM 4901 NW 102ND DRIVE CORAL SPRINGS, FL 33076	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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. 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 filers empowered.					
SIGNATURE: 			Date 7.24.08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

60043466



07232008 Chg-P CR2E034 (12/06)

Applied For Not Applicable

~~NIKKAS VARIETY & DISTRIBUTING CORP.
5100SW EAST ST
APT 322
HOLLYWOOD, FL 33023~~

Name **Siegelau, Golding, Fellen & Hill**
 Street Address (P.O. Box Number is Not Acceptable)
2801 N. University Dr. # 301
 City **Coral Springs** FL Zip Code **33071**

**FILE NOW!!! FEE IS \$160.00
Due by September 12, 2008.**

9. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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SIGNATURE:  Date **7.24.08**

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