2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Y LI WAY OS TOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 25, 2005 8:00 am Secretary of State

DOCUMENT # P97000099248 1. Entity Name FANTASY DISCOUNT CORP.							1	04-25-2005	90242 04	48 ***1 <i>5</i>	50.00
Principal Plac	e of Busines	ÿ.	Ma	illing Address							
2360 WEST 68TH STREET #125 Hialeah Gardens, FL 33016				8926 NW 119 TR Hialeah, FL 33018 US			1 19911531 113 11	rii 4 44 4 8811 88 41 884		12 1124 SISS II	
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc			(Suite, Apt. #, etc.			04202005	Chg-P	CR2E03	34 (10/03)	
City & State				City & State			4. FEI Number 65-0793	892		i	opiled For of Applicable
Zip	Country			2ip	Coun	by	5. Certificare of	f Status Desired		8.75 Ad	
	6. Name	and Address of	Current Regis	tered Agent	7. Name and Address of New Registered Agent						
OSTOS, LILIAM 2360 WEST 68 STREET #125 HIALEAH GARDENS, FL 33016						Name Street Address	(P.O. Box Number	ie Not Accentable	<u> </u>		
						CIT CIT ACCIONA	4 .O. BOX 14011BB	ia ivu: Acceptable			
						Gity			FL	Zip Coc	le
8. The above the obligat	named entitions of regist	y submits this state tered agent.	ement for the p	urpose of changing its	s registen	I ad office or registe	red agent, or both	in the State of Flo		amiliar with	and accept
SIGNATURE	Signature, typed	or printed name of regists	ered agant and title	TON) srassigas (NO	E. Segence	a ingent signature require	d when reinstating)		DATE		
•											
		FEE IS \$150. 5 Fee will be		9. Election Campa Trust Fund Con			.00 May Be ded to Fees				•
10.	·····	OFFICE	RS AND DIREC		11.		ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
NAME	P OSTAS, L	.ILIAM		☐ Delete	Distriction of the second of t	ξ .				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	1	ST 68TH STREE GARDENS, FL				#1.4098856 - \$1-78					
TITLE NAME				☐ Dalala	7013 867	i i				Change	☐ Addition
STREET ADDRESS City-St-ZIP					STRE	T ASSERTES - GILLOP					
TITLE				☐ Deteta	Ditt			****		☐ Change	Addition
NAME STREET ADDRESS					SIRE	ET APORESS					
GHY-ST-ZIP				☐ Deleta	CiTy Title	- ST- 7 P				FT Chines	☐ Addition
NAME					N4.7	Ξ.				Change	C Addition
CITY-ST-ZIP				The state of the s		ET ADDRESS EST-Zer T				- 	
TITLE NAME				Delete	101.9 Ne.V	i				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP					STHO	ET ADORESS Si 249					
TITLE				SteleO 🗀	164		***************************************			Change	☐ Addition
STREET ADDRESS					1	11 ABOUESS					
12. I hereby o	ertify that the	e information supp	lied with this fil	ing does not qualify fo	u šlea exe	rst-IP mption stated in Se	action 119.07(3)(i).	Florida Statutes. I	further certi	fy that the i	oformation
indicated of the cor changed.	on this repor poration or the or on an alta	rt or supplemental he receiver or trust achment with an ac	report is true a se empowered ddress, ywyn all	nd accurate and that to execute this report other like empowered	my signa Las requi	ture shall have the rod by Chapter 60	same legal effect a 7, Florida Statutes;	as if made under o and that my name	oath; that I ar appears in	n an officer Block 10 o	or director r Block 11 if

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Duytime Phone #