

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90851 015 \*\*\*150.00

**DOCUMENT # P97000099248**

1. Entity Name  
**FANTASY DISCOUNT CORP.**



Principal Place of Business  
**2360 WEST 68TH STREET #125  
HIALEAH GARDENS, FL 33016**

Mailing Address  
**8926 NW 119 TR  
HIALEAH, FL 33018 US**

**40093712**

2. Principal Place of Business - No P.O. Box #  
**2315 W 52nd St.**  
Suite, Apt. #, etc.

3. Mailing Address  
**2315 W 52nd St.**  
Suite, Apt. #, etc.

04272007 Chg-P CR2E034 (12/06)

City & State  
**Hialeah FL**  
Zip Country  
**33016**

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**Hialeah FL**  
Zip Country  
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4. FEI Number  
**65-0793892**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**OSTOS, LILIAM  
2360 WEST 68 STREET #125  
HIALEAH GARDENS, FL 33016**

**7. Name and Address of New Registered Agent**

Name **LILIAM OSTOS**  
Street Address (P.O. Box Number is Not Acceptable)  
**2315 W 52nd St.**  
City **Hialeah** FL Zip Code **33016**

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 **Liliam Ostos**

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, 2007 Fee will be \$550.00**

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	<b>P OSTAS, LILIAM 2360 WEST 68TH STREET #125 HIALEAH GARDENS, FL 33016</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LILIAM OSTOS 2315 W 52nd St. Hialeah FL 33016</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Liliam Ostos**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #