2005 FOR PROFIT CORPORATION ____ANNUAL REPORT ____ **FILED** Feb 23, 2005 08:00 AM **DOCUMENT # P98000004597 Secretary of State** DISCOUNT BEVERAGE & FOOD STORE, INC. Mailing Address Principal Place of Business 1970 N. FEDERAL HWY 1970 N. FEDERAL HWY POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 %F54,,,,0153F& 02182005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0805209 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ISLAM, RAZA M **DO NOT WRITE** 1970 N. FEDERAL HIGHWAY POMPANO BEACH, FL 33060 IN THIS SPACE

Applied For

Not Applicable

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 little if	applicable (NOTE Registered Age	nt signature	required when remaining)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.	, D	\$5.00 May Be Added to Fees	13000000239910 02/23/05-80008-016 150 m
10.	OFFICERS AND DIREC	TORS			
NAME STREET ADDRESS CITY-ST-ZIP	D ISLAM, RAZA M 1970 N. FEDERAL HIGHWAY POMPANO BEACH, FL 33060				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISLAM, YASMIN P 1970 N. FEDERAL HIGHWAY POMPANO BEACH, FL 33060	3.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				* *# 9	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				***	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·
TITLE NAME STREET ADDRESS CITY-ST-ZIP		d state that	·	**************************************	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report of supplies pertain the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or these empowers 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 a daddress, with all other like empowered.					

TYPED OR PRINTED HAVE OF SIGNING OFFICER OF DIRECTOR

SIGNATURE: