2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 28, 2004 08:00 AM **Secretary of State** DOCUMENT # P99000000488 1. Entity Name MARSEN DISCOUNT, INC. Principal Place of Business Mailing Address 2416 W 60TH STREET 2416 W 60TH STREET HIALEAH, FL 33010 HIALEAH, FL 33010 02232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0889659 Not Applicable \$8.75 Additional Fee Required S. Certificate of Status Desired . . . 6. Name and Address of Current Registered Agent LLANES, PEDRO DO NOT WRITE 2416 W 60TH STREET HIALEAH, FL 33010 IN THIS SPACE 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. (NOTE Registered Agent signature regulred when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ÖFFICERS AND DIRECTORS 10. TITLE NAME LLANES, PEDRO U00000069715 03/01/04-80021-006 150.00 2416 W 60TH STREER STREET ADDRESS HIALEAH GARDENS, FL 33016 CHY-ST-ZIP BILE NAME STREET ADDRESS CRY-ST-ZIP 1133.E NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP T371E

12. I heroby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3XI). 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 embowered 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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-04

305 698 58 48

Daytime Phone

FILED