2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000086526

1. Entity Name
LINEN DISCOUNT, INC.

Principal Place of Business	Mailing Address
16491 N.W.49TH AVENUE MIAMI, FL 33014	16491 N.W.49TH AVENUE MIAMI, FL 33014

DO NOT WRITE IN THIS SPACE

05032005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0958632	Not Applicable

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

6. Name and Address of Current Registered Agent

ABDELJABBAR, HANI A
16401 N.W.49TH AVENUE
MIAMI, FL 33014

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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.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ABDELJABBAR, HANI A
STREET ADDRESS	16401 N.W.49TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33014

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NAME	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Hani Abdeljabbar_   4/30/05   305-620-0096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #