
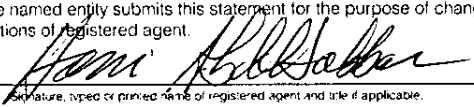



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2008 8:00 am**  
**Secretary of State**

01-23-2008 90009 018 \*\*\*158.75

<b>DOCUMENT # P99000086526</b> 1. Entity Name <b>LINEN DISCOUNT, INC.</b>					
Principal Place of Business <b>16491 N.W. 49TH AVENUE MIAMI, FL 33014</b>			Mailing Address <b>16491 N.W. 49TH AVENUE MIAMI, FL 33014</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
4. FEI Number <b>65-0958632</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01162008      Chg-P      CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>ABDELJABBAR, HANI A 16401 N.W. 49TH AVENUE MIAMI, FL 33014</b>			7. Name and Address of New Registered Agent Name <b>HANI ABDELJABBAR</b> Street Address (P.O. Box Number is Not Acceptable) <b>16491 N.W. 49TH AVE</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33014</b>		
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  DATE <b>1/16/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD <b>ABDELJABBAR, HANI A 16401 N.W. 49TH AVENUE MIAMI, FL 33014</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD <b>ABDELJABBAR, HANI 16491 N.W. 49TH AVE MIAMI, FL 33014</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: 			DATE <b>1/16/08</b> DAYTIME PHONE <b>305-620-0076</b>		