

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUMENT # S85987

1. Entity Name

CONSUMER DISCOUNT SERVICES, INC.



Principal Place of Business

7600 NW 61 TERR
PARKLAND FL 33067

Mailing Address

7600 NW 61 TERR
PARKLAND FL 33067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2645617

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LYONS, JAMES B.
3300 UNIVERSITY DRIVE
SUITE 802
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 consulting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P ☐ Delete
NAME: LEYVA, OSCAR
STREET ADDRESS: 7600 NW 61 TERR
CITY-ST-ZIP: PARKLAND FL 33067

TITLE: S ☐ Delete
NAME: LEYVA, ARNETTE A
STREET ADDRESS: 7600 NW 61 TERR
CITY-ST-ZIP: PARKLAND FL 33067

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS: 600065848528
CITY-ST-ZIP: 02/14/06--01049--015 **8.75

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS: B 2/9/06
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oscar Leyva President

2/6/06 (954) 752-7202

Date

Daytime Phone #

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Consumer Discount Services, Inc.
7600 N.W. 61 Terrace
Parkland, Florida 33067
(954)752-8770 Fax: (954)752-7202

February 2, 2006

Tyrone Scott
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

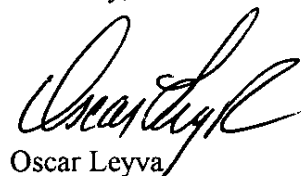
RE: Reference Number S85987

Dear Mr. Scott;

Please apply my overpayment of 2005 of \$150.00 to my 2006 fee for filing my 2006
FOR PROFIT CORPORATION ANNUAL REPORT.

Thank you for your assistance on this matter and if you have any questions please call me
at your convenience.

Sincerely,



Oscar Leyva
President