2005 FOR PROFIT CORPORATION

| ANNUAL | | N | FILED |
|---|--|--|---|
| DOCUMENT # V23456* 1. Entity Name BAIG A & B DISCOUNT STORE, INC. | A section of the sect | | May 02, 2005 08:00 A Secretary of State |
| Principal Place of Business 1416 1ST ST. N. WINTER HAVEN, FL 33881 | Mailing Address 1416 1ST ST. N. WINTER HAVEN, FL 33881 | | |
| DO NOT WRITE | IN THIS SPA | CE | 04222005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For Not Applied 59-3108372 Not Applied |
| 6. Name and Address of Current R | edistered Agent | | 5. Certificate of Status Desired Fee Required |
| LASSI, AZIZ 1416 1ST ST. N. WINTER HAVEN, FL 33881 | | | DO NOT WRITE IN THIS SPACE |
| The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the object of the objec | | ed office or register | ered agent, or both, in the State of Florida. 1 am familiar with, and accepted agent, or both, in the State of Florida. 1 am familiar with, and accepted agent, or both, in the State of Florida. 1 am familiar with, and accepted agent, or both, in the State of Florida. 1 am familiar with, and accepted agent, or both, in the State of Florida. 1 am familiar with, and accepted agent, or both, in the State of Florida. 1 am familiar with, and accepted agent, or both, in the State of Florida. 1 am familiar with, and accepted agent, or both, in the State of Florida. 1 am familiar with, and accepted agent, or both, in the State of Florida. |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | Election Campaign Fina Trust Fund Contribution. | - m + | i.00 May Be ded to Fees |
| 10. OFFICERS AND D TITLE | RECTORS | | : |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 00000352478 05/03/05-80028-016 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | DO NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| I hereby certify that the information supplied with the indicated on this report or supplemental report is the corporation or the receiver or trustee empower changed, or on an attachment with an address, with | is filing does not qualify for the exe ue and accurate and that my signa ered to execute this report as requi h all other like empowered. | mption stated in Se ture shall have the s red by Chapter 607 | ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal offect as if made under oath; that I am an officer or director, Florida Statutes; and that my name appears in Block 10 or Block 11 |
| SIGNATURE: AZ 17 LASSI SIGNATURE AND TYPED OF PRI | NTED NAME OF SIGNING OFFICER OR SHEET | Sking for | Apr-28-05. Date Daytime Phone # |