


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90162 028 \*\*\*150.00

**DOCUMENT # P02000035759**

1. Entity Name  
**A 1 A DISCOUNT STORES, INC.**



Principal Place of Business      Mailing Address

**1716 OCEANSHORE BLVD  
 ORMOND BEACH FL 32176**      **1716 OCEANSHORE BLVD  
 ORMOND BEACH FL 32176**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



MOORE      CR2E034 (11/03)

4. FEI Number      Applied For

**04-3649559**       Not Applicable

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

6. Name and Address of Current Registered Agent

**POLTA, EUGENE K  
 1806 VIA CAPRI  
 MERRITT ISLAND FL 32952**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BHARUCHA, MEHUL			NAME			
STREET ADDRESS	180 HIGHWAY A1A			STREET ADDRESS			
CITY-ST-ZIP	SATELLITE BEACH FL 32937			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BHARUCHA, MEHUL			NAME			
STREET ADDRESS	180 HIGHWAY A1A			STREET ADDRESS			
CITY-ST-ZIP	SATELLITE BEACH FL 32937			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GANDHI, DINESH C			NAME			
STREET ADDRESS	595 NEWPORT DRIVE			STREET ADDRESS			
CITY-ST-ZIP	INDIALANTIC FL 32903			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GANDHI, MANHAR C			NAME			
STREET ADDRESS	707 LUND CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32901			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:**  **MEHUL R. BHARUCHA**      **04/30/04**      **321.6933466**

DATE      DAYTIME PHONE #