2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State
07-16-2004 90003 018 ***150.00

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DOCUMENT # P02000114604

1. Entity Name
DORIS VARIETY STORE INC

Principal Place of Business	Mailing Address
557 EAST 9 STREET HIALEAH, FL 33010 US	557 EAST 9 STREET HIALEAH, FL 33010 US

07022004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
405 W 29 ST	405 W 29 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah Fl	City & State: Healeah Fl
Zip: 33012 Country: USA	Zip: 33012 Country: USA

4. FEI Number 65-0794684 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SUAREZ, MANUEL
557 EAST 9 STREET
HIALEAH, FL 33010

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 405 W 29 ST
City Healeah FL Zip Code 33012

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] 07-05-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	SUAREZ, MANUEL	
STREET ADDRESS	557 EAST 9 STREET	
CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE	VP	☐ Delete
NAME	FUNDORA, ANDRCA D	
STREET ADDRESS	557 E. 9 ST.	
CITY-ST-ZIP	HIALEAH, FL 33010	
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	405 W 29 ST	
CITY-ST-ZIP	Healeah Fl 33012	
TITLE		☐ Change ☒ Addition
NAME		
STREET ADDRESS	405 W 29 ST	
CITY-ST-ZIP	Hialeah Fl 33012	
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		

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: [signature] 07-05-04 786-337-7801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #