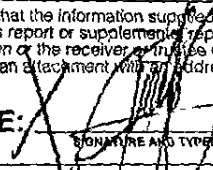


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000052181		
1. Entity Name DOLLAR BONANZA, INC.		
Principal Place of Business 10135 SW 124TH STREET MIAMI, FL 33176	Mailing Address 10135 SW 124TH STREET MIAMI, FL 33176	
DO NOT WRITE IN THIS SPACE		
		 04262006 No Chg-P CR2E034 (11/05)
		4. FEI Number 55-0834320 Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
KURZBAN, MARVIN ESQ 2650 SW 27TH AVE STE 200 MIAMI, FL 33133		
DO NOT WRITE IN THIS SPACE		
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 filer if applicable		U00000566011 05/24/06-800006-011 158.75
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ISSA, HASSAIN 10135 SW 124TH STREET MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ISSA, NADIM 10135 SW 124TH STREET MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
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 has been changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		5-2-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date
		Daytime Phone #