


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90012 045 \*\*\*150.00

**DOCUMENT # P06000058222**

1. Entity Name  
**ONLY 1 DOLLAR, INC.**



Principal Place of Business      Mailing Address  
**3635 NW 35TH ST**      **3635 NW 35TH ST**  
**COCONUT CREEK, FL 33066**      **COCONUT CREEK, FL 33066**

40027618

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
*2440 N. Federal Hwy*      *2440 N. Federal Hwy*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



02222007      Chg-P      CR2E034 (12/06)

City & State      City & State  
*Lighthouse Point, FL*      *Lighthouse Point, FL*  
 Zip      Zip  
*33064*      *33064*  
 Country      Country  
*U.S.*      *U.S.*

4. FEI Number      Applied For  
**20-4767695**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**JOSEPH K. NOFIL, P.A.**  
**3284 N STSTE RD 7**  
**LAUDERDALE LAKES, FL 33319**

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, 2007 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>SERNA, CESAR A<br>3635 NW 35TH ST<br>COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>SERNA, CAROLINA<br>3635 NW 35TH ST<br>COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>SERNA, NOHEMY<br>3635 NW 35TH ST<br>COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>SERNA, FABIO<br>3635 NW 35TH ST<br>COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br><input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br><input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mohemy Serma Noheemy Serma*      Date: *02-27-07*      Daytime Phone #: *954-785-0222*