


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P04000092369</b> 1. Entity Name <b>DOLLAR ATLANTIC, INC.</b>	
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Principal Place of Business <b>5775 EDGEWATER DRIVE ORLANDO, FL 32810 US</b>	Mailing Address <b>5775 EDGEWATER DRIVE ORLANDO, FL 32810 US</b>
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**DO NOT WRITE IN THIS SPACE**



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1256806</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**TARHANI, ABDELAZIZ  
4719 WELDEN CIRCLE  
APT 110  
ORLANDO, FL 32811**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

U00000733174  
05/09/07-80074-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BELMNAHIA, HASSAN 335 S. N. LAKE BLVD, APT 1119 ALTAMONTE SPRINGS, FL 32701</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP TARHANI, ABDELAZIZ 4719 WELDEN CIRCLE APT 110 ORLANDO, FL 32811</b>
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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:**  **4.19.07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #