


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000092369**


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



Principal Place of Business  
**5775 EDGEWATER DRIVE**  
**ORLANDO, FL 32810 US**

Mailing Address  
**5775 EDGEWATER DRIVE**  
**ORLANDO, FL 32810 US**

**DO NOT WRITE IN THIS SPACE**



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-1256806**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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, 2008 Fee will be \$550.00**

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

U00000930017  
 02/26/08 00000 015 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BELMNAHIA, HASSAN
STREET ADDRESS	335 S. N. LAKE BLVD, APT 1119
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	VP
NAME	TARHANI, ABDELAZIZ
STREET ADDRESS	4719 WELDEN CIRCLE APT 110
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_