


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 565060 1. Entity Name DOLLAR INSURANCE AGENCY, INC.	
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Principal Place of Business 1614 NW 27 AVE. MIAMI, FL 33125-2140	Mailing Address 1614 NW 27 AVE. MIAMI, FL 33125-2140
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DO NOT WRITE IN THIS SPACE



05052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1794137	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES, OSCAR B.
1614 NW 27 AVE.
HIALEAH, FL 33125

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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	PDS VALDES, OSCAR B. 1614 N.W. 27 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VALDES, GEORGINA 1614 N.W. 27 AVE. MIAMI, FL
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IN THIS SPACE**

UD0000364903
05/09/05-80014-015 158.75

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: Oscar B. Valdes 4/30/05 3056331515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #