

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000066347

1. Entity Name
KISSIMMEE DOLLAR, INC.



FILED

04 NOV 22 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11152004 Chg-P CR2E034 (10/03)

Principal Place of Business
1972 OSCEOLA PKWY
KISSIMMEE, FL 34743

Mailing Address
1972 OSCEOLA PKWY
KISSIMMEE, FL 34743

2. Principal Place of Business

3. Mailing Address

423 W. Vine St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
KISSIMMEE, FL.

Zip

Country

Zip

34741

Country

4. FEI Number
59-3656061

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EL-HADRI, AHMED
1972 OSCEOLA PKWY
KISSIMMEE, FL 34743

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
EL-HDRI, AHMED ☒ Delete
STREET ADDRESS
1972 OSCEOLA PKWY
CITY-ST-ZIP
KISSIMMEE, FL 34743

TITLE
NAME
DIRECTOR / PRESIDENT ☒ Change ☐ Addition
STREET ADDRESS
KHALIL AZZOUZ
CITY-ST-ZIP
4628 S.O.B.T
ORLANDO, FL. 32839-1706

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
700042928957 ☐ Change ☐ Addition
STREET ADDRESS
11/22/04--01061--011 **\$61.25
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

11/15/04

Date

Daytime Phone #