## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

## Feb 14, 2005 08:00 AM Secretary of State DOCUMENT # P00000107215 E & R DOLLAR DISTRIBUTOR, INC. Mailing Address Principal Place of Business 415 E 37TH ST 415 E 37TH ST HIALEAH, FL 33013 HIALEAH, FL 33013 CR2E034 (10/03) 01112005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1055488 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE NURQUEZ, ROGER 415 E 37TH ST HIALEAH, FL 33013 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees UQQD00228906 OFFICERS AND DIRECTORS 10. TITLE NAME NURQUEZ, ESTRELLA STREET ADDRESS 415 E 37TH ST CITY-ST-ZIP HIALEAH, FL 33013 ST NURQUEZ, ROGER NAME STREET ADDRESS 415 E 37TH ST CITY-ST-ZIP HIALEAH, FL 33013 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 reactive 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR

**FILED**