


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 SEP 24 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000005928			
1. Entity Name WESTON'S DOLLAR, INC.			
Principal Place of Business 166676 SADDLE CLUB RD WESTON, FL 33326		Mailing Address 9900 STIRLING RD STE 211 COOPER CITY, FL 33024	
2. Principal Place of Business		3. Mailing Address 4361 Pine Ridge Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Weston, Florida	
Zip	Country	Zip	Country
		33331	Broward



09092004 Chg-P CR2E034 (10/03)

4. FBI Number 65-1068285		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SILVA, LUIS F 9900 STIRLING RD STE 211 COOPER CITY, FL 33023		7. Name and Address of New Registered Agent Name JORGE GALVEZ-PRIEGO, ESQ. Street Address (P.O. Box Number is Not Acceptable) 888 Brickell Avenue Fifth Floor City Weston FL Zip Code 33331	
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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  JORGE GALVEZ-PRIEGO, ESQ. Sep. 20, 2004  
(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARTINEZ, JOSE R 1321 SEAGRAPE CIRCLE WESTON, FL 33326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/V/S ENRICO O. GIANCARLO 4361 Pine Ridge Ct. Weston, FL 33331 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RODRIGUEZ, MARIBEL 1321 SEAGRAPE CIRCLE WESTON, FL 33326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ENRICO O. GIANCARLO 4361 Pine Ridge Ct. Weston, FL 33331 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900041390789 09/23/04--01019--003 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

ENRICO O. GIANCARLO

DIRECTOR

9/20/2004 (305) 416 9668  
Date Daytime Phone #