

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000017163

1. Entity Name
DOLLAR WISE TRAVEL INC.



FILED

04 MAY -3 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1049 NURSERY RD.
CHIPLEY, FL 32428

Mailing Address
P.O. BOX 841
CHIPLEY, FL 32428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05032004

Chg-P

CR2E034 (10/03)

4. FEI Number
04-3754883

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BENJAHLAN, AHMED
1051 NURSERY RD
CHIPLEY, FL 32428

7. Name and Address of New Registered Agent

Name **BIN JAHLAN, AHMED**
Street Address (P.O. Box Number is Not Acceptable)
1049 Nursery Rd.
City **Chipley** FL Zip Code **32428**

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

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **GUERRERO, MICHAEL J**
STREET ADDRESS **2151 WESTGATE PKWY, APT. C-19**
CITY-ST-ZIP **DOTHAN, AL 36303**

TITLE **D** ☒ Delete
NAME **HERNANDEZ, VERONICA**
STREET ADDRESS **2151 WESTGATE PKWY APT. C-19**
CITY-ST-ZIP **DOTHAN, AL 36303**

TITLE **P** ☐ Delete
NAME **BENJAHLAN, AHMED**
STREET ADDRESS **1051 NURSERY RD**
CITY-ST-ZIP **CHIPLEY, FL 32428**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **D.** ☐ Change ☒ Addition
NAME **Sasser, Kimberly**
STREET ADDRESS **1051 Nursery Rd**
CITY-ST-ZIP **Chipley, FL 32428**

TITLE **P.** ☐ Change ☐ Addition
NAME **BINJAHLAN, AHMED**
STREET ADDRESS **1049 Nursery Rd.**
CITY-ST-ZIP **Chipley, FL 32428**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
800036199498
05/12/04--01051--016 **150.00

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

TITLE ☐ Change ☐ Addition
NAME
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:

Ahmed Binj
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/30/04