


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000021145</b>	
<b>1. Entity Name</b> BANDEALI ENTERPRISE, INC.	

<b>Principal Place of Business</b> BANDEALI ENTERPRISE INC., D/B/A DOLLA MART PLUS, 1899 N. PINE ISLAND RD PLANTATION FL 33322	<b>Mailing Address</b> BANDEALI ENTERPRISE INC., D/B/A DOLLA MART PLUS, 1899 N. PINE ISLAND RD PLANTATION FL 33322
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

**4. FEI Number** 65-1080970 ☐ Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GILLANI, ABDUL AZIZ  
C/O DOLLAR MART PLUS  
1899 N. PINE ISLAND RD.  
PLANTATION FL 33322

**7. Name and Address of New Registered Agent**

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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> DVD	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> GILLANI, ABDUL AZIZ		<b>NAME</b>	
<b>STREET ADDRESS</b> 1899 N. PINE ISLAND RD.		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> PLANTATION FL 33322		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> P	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> BANDEALI, YASMIN B		<b>NAME</b>	
<b>STREET ADDRESS</b> 15170 N.W. 6 COURT		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> PEMBROKE PINES FL 33028		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> VP	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> BANDEALI, BADRUDDIN A		<b>NAME</b>	
<b>STREET ADDRESS</b> 15170 N.W. 6 COURT		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> PEMBROKE PINES FL 33028		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

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03/14/06-80049-022 150.00

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**  **BADRUDDIN BANDEALI** **03/06/06 9543704924**  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**