2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P01000021145

1. Enlity Name



FILED Apr 25, 2008 08:00 AN Secretary of State

BANDÉAI	LI ENTER	IPRISE, INC.									
Principal Plac	e of Business	5	Mailing Address								
BANDEALI ENTERPRISE INC., D/B/A DOLLA MART PLUS, 1899 N. PINE ISLAND RD PLANTATION FL 33322			BANDEALI ENTERPRISE INC., D/B/A DOLLA MART PLUS, 1899 N. PINE ISLAND RD PLANTATION FL 33322								
2. Principal P	Place of Busin	1653 - No P.O. Box #	3. Mailing Address			1					
Suite, Apt.	#, elc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/07)					
City & Stat	te		City & State			4. FEI Number 65-1080970 Applied For Not Applicable					
Zιρ		Country	Zφ	Country		5. Certificat	e of Status Desired		\$8.75 A		
	6. Name	and Address of Current	Registered Agent			7. Name and Address of New Registered Agent					
					Name						
BANDEALI, BADRUDDIN A C/O DOLLAR MART PLUS 1899 N. PINE ISLAND RD.					Street Address (P.O. Box Number is Not Acceptable)						
		N FL 33322	`								l
					City FL				Zijo Od	de	
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 .	s an sture, typed	or printed earns of registred needs	ad Ager1 e gip-turn regions	nd whom connection gr		DATE					
After	May 1, 200	III FEE IS \$150.00 08 Fee Will Be \$550.00 o Florida Department of					9. Election Camp Trust Fund Cor	***		5.00 May ded to Fee	,
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN				RS IN 11	
TITLE	Р		☐ Derete	TITL	.E				☐ Change	Addi Addi	ilion
NAME		I, YASMIN B		nal	-		Uñanane	22045			ĺ
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	ļ	ON FL 33322			-						
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12. Thereby certify that the information supplied with this filling 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 both, 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.

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STREET ADDRESS

STREET ADDRESS

CITY ST-ZIP

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TITLE

NAME

NAME

SIGNATURE:

MAME STREET ADDRESS

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