


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90049 017 ***150.00

DOCUMENT # P01000028188		
1. Entity Name DOLLAR SAVER INC.		

40025410



Principal Place of Business 11339 WEST FLAGLER STREET MIAMI, FL 33172	Mailing Address 11339 WEST FLAGLER STREET MIAMI, FL 33172
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2. Principal Place of Business - No P.O. Box # 11341 WEST FLAGLER ST	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State MIAMI	City & State
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Zip FL	Country 33174	Zip	Country
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02142007 Chg-P CR2E034 (12/06)

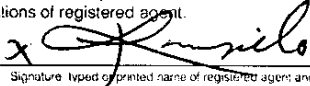
4. FEI Number 65-1083914	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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TRUJILLO, LESTHER 7420 WEST 20 AVE. #446 HIALEAH, FL 33016	Name Lester Trujillo Street Address (P.O. Box Number is Not Acceptable) 5022 SW 173 AVE City MIAMI FL Zip Code 33029
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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 	Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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 PD	NAME TRUJILLO, LESTHER STREET ADDRESS 2847 WEST 71ST PLACE CITY-ST-ZIP HIALEAH, FL 33018 <input type="checkbox"/> Delete	TITLE PD	NAME Trujillo Lester STREET ADDRESS 5022 SW 173 AVE CITY-ST-ZIP MIAMI, FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPTD	NAME TRUJILLO, LEIDY D STREET ADDRESS 2847 WEST 71ST PLACE CITY-ST-ZIP HIALEAH, FL 33018 <input type="checkbox"/> Delete	TITLE VPTD	NAME Trujillo Leidy D. STREET ADDRESS 5022 SW 173 AVE CITY-ST-ZIP MIAMI, FL 33029 <input checked="" 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
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 exemptions contained in Chapter 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: 	2/21/07	Date	Director's Phone #
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