


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.




Principal Place of Business Mailing Address
11339 WEST FLAGLER STREET **11339 WEST FLAGLER STREET**
MIAMI, FL 33172 **MIAMI, FL 33172**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
11341 WEST FLAGLER ST Suite, Apt. #, etc.

City & State City & State
MIAMI **MIAMI**

Zip Country Zip Country
FL **33174** **FL** **33172**

40025410



02142007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-1083914 Not Applicable

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

6. Name and Address of Current Registered Agent
TRUJILLO, LESTHER
7420 WEST 20 AVE. #446
HIALEAH, FL 33016

7. Name and Address of New Registered Agent
 Name **Lesther Trujillo**
 Street Address (P.O. Box Number is Not Acceptable)
5022 SW 173 AVE
 City **MIAMI** FL Zip Code **33029**

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]* DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PD	NAME TRUJILLO, LESTHER	STREET ADDRESS 2847 WEST 71ST PLACE	CITY-ST-ZIP HIALEAH, FL 33018	<input type="checkbox"/> Delete
TITLE VPTD	NAME TRUJILLO, LEIDY D	STREET ADDRESS 2847 WEST 71ST PLACE	CITY-ST-ZIP HIALEAH, FL 33018	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	NAME Trujillo Lesther	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 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"/> Change <input type="checkbox"/> Addition	
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"/> 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: *[Signature]* Date **2/21/07** Date of Filing