2004 FOR PROFIT CORPORATION ANNUAL REPORT

SHIELARY OF STATE DOCUMENT # P01000028549 AUTON OF CORPORATION ALEGRE DOLLAR STORE NO. 3, INC. 04 MAY 10 PM 1:24 Mailing Address Principal Place of Business 744 S.W. 8TH ST. 744 S.W. 8TH ST. MIAMI, FL 33131 MIAMI, FL 33131 05072004 CR2E034 (10/03) No Chg-P DO NOT WHITE WITHE SPACE Applied For 4. FEI Number 65-1133050 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PERAZA, MIGUEL A DO NOT WAITE 744 S.W. 8TH ST. MIAMI, FL 33131 IN THIS SPACE 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. DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be4 00037045394 Added to Fe95/24/04-01079--007 ***30 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 8, 2004 OFFICERS AND DIRECTORS 10. PSD TITLE PERAZA, MIGUEL A NAME 744 S.W. 8TH ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WATE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 traffice 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 attachm with all other like empowered. SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone