

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000060276

Entity Name: MR. 99 CENTS II, INC.

FILED  
Apr 22, 2008  
Secretary of State

## Current Principal Place of Business:

1243 FRIENDSHIP WAY  
INMOKALEE, FL 34142

## New Principal Place of Business:

1811 LAKE TRAFFORD RD  
INMOKALEE, FL 34142

## Current Mailing Address:

1243 FRIENDSHIP WAY  
INMOKALEE, FL 34142

## New Mailing Address:

P.O.BOX 5009  
INMOKALEE, FL 34143

FEI Number: 65-1115610

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HASSAM, NIVIAN  
3605 SW 139TH AVE  
MIAMI, FL 33175 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: HASSAM, DIAMIL  
Address: 1243 FRIENDSHIP WAY  
City-St-Zip: IMMOKALEE, FL 34142

Title: VP ( ) Delete  
Name: HASSAM, NIVIAN  
Address: 1243 FRIENDSHIP WAY  
City-St-Zip: IMMOKALEE, FL 34142

Title: ST ( ) Delete  
Name: HASSAM, JANETH  
Address: 1243 FRIENDSHIP WAY  
City-St-Zip: IMMOKALEE, FL 34142

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANETH HASSAM

ST

04/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date