2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 20, 2006 8:00 am **Secretary of State DOCUMENT # P02000071507** 1. Entity Name 01-20-2006 90028 005 ***150.00 WJ DOLLAR, INC. Principal Place of Business Mailing Address 309 SW 12 AVE 2221 SW 164 AVE MIAMI, FL 33130 MIRAMAR, FL 33027 01132006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0613529 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CASTANEDA, WALTER O JR DO NOT WRITE 2221 SW 164 AVE MIRAMAR, FL 33027 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. NAME CASTANEDA, WALTER O JR 2221 S.W. 164TH AVE. STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33027 TITLE NAME CASTANEDA, JESSICA P STREET ADDRESS 2221 S.W. 164TH AVE. CITY - ST - ZIP MIRAMAR, FL 33027 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-71P TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: _

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED