## FOR PROFIT CORPORATION

## Apr 23, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT #** P02000071507 04-23-2003 90172 023 \*\*\*150.00 1. Entity Name WJ Dollar, INC. DO NOT WRITE IN THIS SPACE 11009678 2. Principal Place of Business 3. Mailing Address 2221 S.W. 164th Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 02-0613529 Not Applicable Miramar, FL Country \$8.75 Additional 3<sup>3</sup>3027 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Walter O. Castaneda DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 2221 S.W. 164th Ave. City Miramar, FL 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, typed or printed name of registered agent and title if applicable January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS President TITLE TITLE Walter O. Castaneda Jr. NAME NAME 2221 S.W. 164th Ave. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miramar, FL 33027 CITY ST-ZIP Vice-President TITLE TITLE NAME Jessica P. Castaneda NAME STREET ADDRESS 2221 S.W. 164th Ave. STREET ADDRESS CITY-ST-7IP CITY-ST ZIP Miramar, FL 33027 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

TITLE

NAME

NAME

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP THE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

IN THIS SPACE

305-324-1710

CR2E034B (12/02)

FILED