FILED
May 14, 2004 8:00 am
Secretary of State
04-28-2004 90224 012 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000078570

1. Entity Name
DOLLAR DEAL, INC.

66421628

04142004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
~~266~~ WILSHIRE BLVD. SUITE ~~127~~ CASSELBERRY, FL 32707	~~266~~ WILSHIRE BLVD. SUITE ~~127~~ CASSELBERRY, FL 32707

2. Principal Place of Business		3. Mailing Address	
238 WILSHIRE BLVD		238 WILSHIRE BLVD	
Suite, Apt. #, etc. STE 149		Suite, Apt. #, etc. STE 149	
City & State CASSELBERRY FL		City & State CASSELBERRY FL	
Zip 32707	Country USA	Zip 32707	Country USA

4. FEI Number 14-1878537 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAKHANI, MUNIRA
~~266~~ WILSHIRE BLVD. SUITE ~~127~~
CASSELBERRY, FL 32707

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 238 WILSHIRE BLVD STE 149
City CASSELBERRY FL Zip Code 32707

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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LAKHANI, MUNIRA ~~266~~ WILSHIRE BLVD. SUITE ~~127~~ CASSELBERRY, FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 238 WILSHIRE BLVD STE 149 CASSELBERRY FL 32707
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTS LAKHANI, KAMALUDDIN ~~266~~ WILSHIRE BLVD. SUITE ~~127~~ CASSELBERRY, FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 238 WILSHIRE BLVD STE 149 CASSELBERRY FL 32707
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] KAMALUDDIN LAKHANI 04/24/04 678 360 2929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #