


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90051 013 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0200083022

1. Entity Name
A A DOLLAR STORE, INC.



Principal Place of Business
**7165 W FLAGLER ST
 MIAMI, FL 33126**

Mailing Address
**7165 W FLAGLER ST
 MIAMI, FL 33126**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number
47-0901675

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**DISLA, VIRGINIA M
 7600 NW 186TH ST #A
 MIAMI, FL 33015**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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]* Agent
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$550.00
 Make Check Payable to Florida Department of State**

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 Delete
 NAME **BATISTA, ARNALDO**
 STREET ADDRESS **7090 NW 179TH ST APT 303**
 CITY-ST-ZIP **MIAMI, FL 33015**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VS
 FERREZ, MERARY**
 STREET ADDRESS **7743 SW 86TH ST D231**
 CITY-ST-ZIP **MIAMI, FL 33143**

TITLE Change Addition
 NAME **PVTSD
 FERREZ, MERARY**
 STREET ADDRESS **212 PHOENETIA AVE, No 1**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
 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 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]* **PRESIDENT** **04/30/03** **(305)263-8181**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)