2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P02000114264 DOCUMENT

1. Entity Name

DOLLAR GARDENS, CORP.



FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90773 022 ***158.75

Principal Place of Business 8591 SW 24 ST MIAMI FL 33155 Mailing Address 8591 SW 24 ST MIAMI FL 33155 MIAMI FL 33155											
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State				City & State			4.	FEI Number 05 36 875	36875 Applied For Not Applicable		
Zip Country					Country	Country		Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent							7.	Name and Address of New Register	ed Agent		
						Name					
CHAVEZ, JOSE 8591 SW 24 ST				Street Addres			ss (P.O. E	(P.O. Box Number is Not Acceptable)			
MIAMI FL					<u> </u>						
MIAMI FL	33 133								- I		
						City			Zip Co	de	
the obligat	named entit ions of regist		statement for the purp	pose of changing its	registered	office or regis	stered ag	gent, or both, in the State of Florida. I	am familiar with	i, and accept	
SIGNATURE .	Signature, typed	or printed name o	f registered agent and title if ap	plicable. (NOT	E: Registered A	gent signature requ	uired when r	einstating) DA	TE		
After	May 1, 200	I FEE IS S 3 Fee will I 5 Florida De						Election Campaign Financing Trust Fund Contribution.	_ +	00 May Be ed to Fees	
10.		OF	FICERS AND DIRECTO	DRS	11.		ΑC	DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CHAVEZ, JOSE 8591 SW 24 ST MIAMI FL 33155			☐ Delete		Address Zip			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET	ADDRESS 1-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	} ∕=	इ ०० = अन्य र अ	Space of the same	☐ Delete	TITLE NAME STREET. CITY-ST	ADORESS 1-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET	ADDRESS F-ZIP			☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY-ST			110 07/2V/i) Elorida Statutos I furtho	☐ Change	☐ Addition	

r never over my may me mormation 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 the 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 port 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:

Daytime Phone #