

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000034442

1. Entity Name
98 CENTS PLUS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 12 PM 12:17

Principal Place of Business 2500 SW 107 AVE STE 6 MIAMI DADE, FL 33165	Mailing Address 2500 SW 107 AVE STE 6 MIAMI DADE, FL 33165
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2. Principal Place of Business <i>2500 SW 107 AVE</i> Suite, Apt. #, etc. <i>SUITE 6</i>	3. Mailing Address <i>2500 SW 107 AVE</i> Suite, Apt. #, etc. <i>SUITE 6</i>
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03052003 Chg-P CR2E034 (10/03)

City & State <i>MIAMI FL</i>	City & State <i>MIAMI FL</i>	4. FEI Number <i>13-4245936</i>	Applied For Not Applicable
Zip <i>33165</i>	Country	Zip <i>33165</i>	Country

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

6. Name and Address of Current Registered Agent

CRUZ, RICARDO
2500 SW 107 AVE STE 6
MIAMI DADE, FL 33165

7. Name and Address of New Registered Agent
Name
HERNANDEZ, RAQUEL
Street Address (P.O. Box Number is Not Acceptable)
2500 SW 107 AVE STE 6
City
MIAMI FL Zip Code
33165

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 *Raquel Hernandez* *RAQUEL HERNANDEZ* *05/11/04*
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
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CRUZ, LEILA 2500 SW 107 AVE STE 6 MIAMI DADE, FL 33165	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HERNANDEZ, RAQUEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600037064176 05/25/04--01006--013 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Raquel Hernandez* *RAQUEL HERNANDEZ* *05/11/04* *(786) 315-8522*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #