

2007 FOR PROFIT CORPORATION - ANNUAL REPORT (AR)

FILED
May 02, 2007 08:00 AM
Secretary of State



DOCUMENT # P03000059070

1. Entity Name
EVELYN DOLLAR STORE, INC.

Principal Place of Business Mailing Address
7345 SW 8 ST 7345 SW 8 ST
MIAMI FL 33144 MIAMI FL 33144



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1st MOORE CR2E034 (10/06)

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-1191608** Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUIROS, JOSE J
444 SW 64 CT
MIAMI FL 33144

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 NAME	PST MORONTA, NURDYS	<input type="checkbox"/> Delete		TITLE NAME	000000755693	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	206 TAMIAMI CANAL RD			STREET ADDRESS	05/22/07-80111-012 150.00		
CITY-STATE-ZIP	MIAMI FL 33144			CITY-STATE-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4/28/07 (305) 265-9003
Date Daytime Phone #