2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 07, 2004 8:00 am **Secretary of State**

DOCUMENT'# P03000073397 06-07-2004 90002 049 ***150.00 1. Entity Name MR. DOLLAR STORE, INC. Principal Place of Business Mailing Address 54056902 5612 NW 167TH ST 5612 NW 167TH ST MIAMI, FL 33014 MIAMI, FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc CR2E034 (10/03) 06042004 Applied For City & State 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent A SI PB&A FINANCIAL SERVICES, CORP. Street Address (P.O. Box Number is Not Acceptable) 13935 NW 1ST AVE MIAMI, FL 33168 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 the obligations of registered agent. Signature, typed or printed nan of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE I\$ \$550.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE Delete TITLE Jose GRANADA GRANADA, JORGE NAME NAME 7951 SW YOM ST STE 206 5612 NW 167TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33014 MIAMI FL 33/55 Phange Addition V/P/D ROSAS, ANTUNO ☐ Delete TITLE TITLE ROJAS, ARTURO NAME NAME 5612 NW 167TH ST STREET ADDRESS STREET ADDRESS 7951 SW YOXST STE 206 MIAMI, FL 33014 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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:

ND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE A

Daytime Phone #

Attachment 540576902

June 4, 2004

Florida Department of State Division Of Corporations P.O. Box 6198 Tallahassee, Fl 32314

Re: Document # P03000073397

To whom it may concern,

Please be advised we had not received our Form UBR for 2004 and when we looked on line we noticed your office still had our old address on file. We have made the corrections on the Form so this doesn't happen again next year. Please process this form and check to bring our account current.

We assure you it will not happen again and if you have any questions plese call me at 786 301-2821.

Thank you for your assistance and we look forward to a favorable response.

Regards,

Arturo Rojas, President