## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Jun 18, 2007 08:00 AN **Secretary of State** DOCUMENT # P03000079513 1. Entity Name QUEEN DOLLAR, CORP. Principal Place of Business Mailing Address 533 SW 8 STREET 533 SW 8 STREET MIAMI, FL 33130 MIAMI, FL 33130 DO NOT WRITE IN THIS SPACE CR2E034 (11/05) 05182007 No Chg-P 4. FEI Number Applied For 04-3770364 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent QUINTANILLA, LEONARDO RAMON F DO NOT WRITE 533 SW 8 STREET MIAMI, FL 33130 IN THIS SPACE 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. Lam familiar with, and accept the obligations of registered agent. 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 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 14, 2007 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 100000766363 06/18/07-80003-001 150 TITLE NAME QUINTANILLA, LEONARDO RAMON F **533 SW 8 STREET** STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33130 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADORESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information surplied with this filling does not qualify for the exemptions contained in Chapter 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 this term movement to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Daytime Phone #

ILother like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. I hereby certify that the information su of the corporation or the receiver or the changed, or on an attachment with