## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Aug 05, 2004 8:00 am Secretary of State **DOCUMENT # P03000087486** 1. Entity Name 08-05-2004 90008 002 \*\*\*150.00 DOLLAR SALE INC. Principal Place of Business Mailing Address 2106 E. 109 TH AVE. 2106 E. 109 TH AVE. TAMPA, FL 33612 TAMPA, FL 33612 3. Mailing Address 2. Principal Place of Business 5651 E-Fowler Auc. 5651 E. Fowler Ave 07112004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For emple lerrace 30-0 empleterrace Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7 HillShorough 3361 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent SRHAB, Asef Street Address (P.O. Box Number is Not Acceptable) SAHAB-ASEF -2106 E. 109 TH AVE. TAMPA, FL 33612 lemole Terrace 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWIJ FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete T(T) F 21-enange TITLE SAHAB, Asef SAHAB, ASEF NAME NAME 5651 E. Fowler AVC. Temple Terrace, Fl. 33617 2106 E. 109 TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33612 CITY-ST-ZIP ☐ Delete TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST: 7/P ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 fusite 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: SIGNING OFFICER OR DIRECTOR

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Florida Department of State

Dear Sir, or Ma'am,

When I registered my business in 2003, my business mailing address has changed and I have missed most of my mail, Because of this, I promise you that I have not received the original report prior to the letter you just sent me. I am always very careful with my mail, so I am sure that I never received it. I hope you understand this situation, and know that it was not because I was ignoring it, but because I never received it.

Sincerely,

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