

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90010 040 ***150.00

DOCUMENT # P03000092003 1. Entity Name AFC DOLLAR STORE INC.																											
Principal Place of Business 29621 SW 162ND AVENUE HOMESTEAD, FL 33033		Mailing Address 29621 SW 162ND AVENUE HOMESTEAD, FL 33033																									
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																									
6. Name and Address of Current Registered Agent - FABIAN, ALEJANDRA 18203 SW 144TH PL MIAMI, FL 33177		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">PVST</td> <td style="width:15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FABIAN, ALEJANDRA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>18203 SW 144TH PL</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33177</td> <td></td> </tr> </table>		TITLE	PVST	<input type="checkbox"/> Delete	NAME	FABIAN, ALEJANDRA		STREET ADDRESS	18203 SW 144TH PL		CITY - ST - ZIP	MIAMI, FL 33177		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;"></td> <td style="width:15%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: <i>Alejandra Fabian</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											
<small>Date</small>		<small>Daytime Phone #</small>																									

50062861



08182005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0166298
 Applied For
☐ Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required