2008 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Mar 31, 2008 08:00 Al DOCUMENT # P03000094833 Secretary of State 1. Entity Name M.R. DOLLAR PLUS, INC. Principal Place of Business Mailing Address 5556 WEST OAKLAND PARK BLVD. 5556 WEST OAKLAND PARK BLVD. LAUDERHILL, FL 33313 LAUDERHILL, FL 33313 US 02202008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2390109 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BHUIYAN, MATIUR R DO NOT WRITE 227 N W 63RD AVE HOLLYWOOD, FL 33024 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. I am familiar with, and accept the obligations of registered agent. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE U00000875049 BHUIYAN, MATIUR R NAME 04/11/08-80017-002 150.00 227 N W 63RD AVE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33024 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing 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 of 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 time empowered.

SIGNATURE: / Alins Wishon With time R Bha yaw
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3/05/03 954-955-9/03