


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90115 034 \*\*\*150.00

<b>DOCUMENT # P04000005389</b>					
<b>1. Entity Name</b> DOLLAR SOUTH CORP.					
<b>Principal Place of Business</b> 14500 SW 280TH ST #144 HOMESTEAD, FL 33032			<b>Mailing Address</b> 14500 SW 280TH ST #144 HOMESTEAD, FL 33032		
<b>2. Principal Place of Business</b> 501 W. Palm Dr Suite, Apt. #, etc. 108		<b>3. Mailing Address</b> 501 W. Palm Dr Suite, Apt. #, etc. 108		<b>50026267</b>	
City, State FLORIDA CITY		City, State FLORIDA CITY		<b>4. Fee Number</b> 76-0748833	
Zip 33034		Country U.S.A.		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> ORTIZ, ANA L 14500 SW 280TH ST #144 HOMESTEAD, FL 33032		<b>7. Name and Address of New Registered Agent</b> Name <u>ORTIZ ANA L.</u> Street Address (P.O. Box Number is Not Acceptable) <u>12941 S.W. 200 TERRACE</u> City <u>Miami</u> FL <u>33177</u>			
<b>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.</b> SIGNATURE <u>[Signature]</u> <u>PRESIDENT.</u> <u>2/15/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORTIZ, ANA L 14500 SW 280TH ST #144 HOMESTEAD, FL 33032	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MELCHOR, JOSE O 14500 SW 280TH ST #144 HOMESTEAD, FL 33032	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ORTIZ, JOSE 14500 SW 280TH ST #144 HOMESTEAD, FL 33032	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <u>2/15/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					