

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90047 050 \*\*\*150.00

**DOCUMENT # P04000073287**

1. Entity Name  
**ABCR DISCOUNT DOLLAR STORE, INC.**



Principal Place of Business  
**828 N.W. 131 AVENUE  
SUNRISE, FL 33325**

Mailing Address  
**828 N.W. 131 AVENUE  
SUNRISE, FL 33325**

**50032451**



2. Principal Place of Business

**8020 WEST McNAB**  
Suite, Apt. #, etc.

3. Mailing Address

**8020 WEST McNAB Rd**  
Suite, Apt. #, etc.

03192005

Chg-P

CR2E034 (10/03)

City & State

**NORTH LAUDERDALE FL**

City & State

**NORTH LAUDERDALE FL**

4. FEI Number

**61-1470781**

Applied For  
Not Applicable

Zip  
**33068**

Country  
**BROWARD**

Zip  
**33068**

Country  
**BROWARD**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ARJOON, CYRIL  
828 N.W. 131 AVENUE  
SUNRISE, FL 33325**

7. Name and Address of New Registered Agent

Name  
**ABCR DISCOUNT DOLLAR STORE INC**  
Street Address (P.O. Box Number is Not Acceptable)  
**8020**  
**WEST McNAB ROAD**  
City  
**NORTH LAUDERDALE FL** Zip Code  
**33068**

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 **Cyril Arjoon**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-25-05**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
**D VICE PRESIDENT** ☐ Delete  
NAME  
**ARJOON, CYRIL**  
STREET ADDRESS  
**828 N.W. 131 AVENUE**  
CITY-ST-ZIP  
**SUNRISE, FL 33325**

TITLE  
**PRESIDENT OF ABCR DISCOUNT STORE** ☐ Delete  
NAME  
**Bibi ARJOON**  
STREET ADDRESS  
**828 NW 131 ST AVE, SUNRISE FL 33325**  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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: **Cyril Arjoon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-26-05**

Date

Daytime Phone #