

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

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
 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 DATE 3-25-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D VICE PRESIDENT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARJOON, CYRIL		NAME	
STREET ADDRESS 828 N.W. 131 AVENUE		STREET ADDRESS	
CITY-ST-ZIP SUNRISE, FL 33325		CITY-ST-ZIP	
TITLE PRESIDENT OF ABCR DISCOUNT STORE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Bi Bi ARJOON		NAME	
STREET ADDRESS 828 NW 131 ST AVE, SUNRISE FL 33325		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 DATE 3-26-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #