

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90008 031 ***150.00

DOCUMENT # P04000073287

1. Entity Name
ABCR DISCOUNT DOLLAR STORE, INC.



Principal Place of Business
8020 WEST MCNAB RD
NORTH LAUDERDALE, FL 33068

Mailing Address
8020 WEST MCNAB RD
NORTH LAUDERDALE, FL 33068

30023671



07192006 No Chg-P CR2E034 (11/05)

4. FEI Number
61-1470781

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ARJOON, CYRIL
8020 WEST MCNAB RD
NORTH LAUDERDALE, FL 33068

**DO NOT WRITE
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
ARJOON, CYRIL
828 N.W. 131 AVENUE
SUNRISE, FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ARJOON, BIBI
828 NW 131ST AVE
SUNRISE, FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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

7-24-06

Date

Daytime Phone #