FILED
Jul 18, 2007 08:00 AM
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000073287

1. Entity Name
ABCR DISCOUNT DOLLAR STORE, INC.

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

DO NOT WRITE IN THIS SPACE

07152007 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

6. Name and Address of Current Registered Agent

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

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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 Bibi Arjoon 7-15-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required for all changes) DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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

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07/18/07-80001-004 150.00

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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 Bibi Arjoon 7-15-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #