
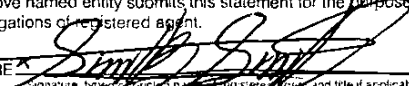
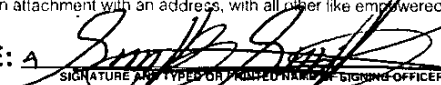


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90030 031 \*\*\*150.00

<b>DOCUMENT # P04000122742</b>					
<b>1. Entity Name</b> 1 & 2 DOLLAR PLUS, INC.					
<b>Principal Place of Business</b> 6903 W FLAGLER ST MIAMI, FL 33144			<b>Mailing Address</b> 6903 W FLAGLER ST MIAMI, FL 33144		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02142005    Chg-P    CR2E034 (10/03)	
<b>4. FEI Number</b> 14-1914213				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SURIEL, SILBERIO S 17001 NW 78 AVE HIALEAH, FL 33015			<b>7. Name and Address of New Registered Agent</b>		
Name			Sanchez, Silberio		
Street Address (P.O. Box Number is Not Acceptable)			6620 SW 12 Street no. 2		
City			Miami FL Zip Code 33144		
<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:  DATE: 2-15-05 <small>(Signature, typed or printed name, title, 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>		
<b>TITLE</b> P <b>NAME</b> SURIEL, SILBERIO S <b>STREET ADDRESS</b> 6903 W FLAGLER ST <b>CITY-ST-ZIP</b> MIAMI, FL 33144	<input type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> Sanchez, Silberio <b>STREET ADDRESS</b> 6620 SW 12 Street no. 2 <b>CITY-ST-ZIP</b> Miami FL 33144	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> CANELO, LUISA <b>STREET ADDRESS</b> 6903 W FLAGLER ST <b>CITY-ST-ZIP</b> MIAMI, FL 33144	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> Perez, Andy <b>STREET ADDRESS</b> 8380 NW 103 Street no. 211 <b>CITY-ST-ZIP</b> Hialeah Gardens FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<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> 			2-15-05 (305)269-0698		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		