

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 01, 2006 08:00 A
Secretary of State

DOCUMENT # P04000128987

1. Entity Name
DOLLAR PLUS INC



Principal Place of Business
**9612 SW 95TH AVE
MIAMI, FL 33176**

Mailing Address
**9612 SW 95TH AVE
MIAMI, FL 33176**



04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0548931

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FAHIMULLAH, MOHAMMED
9612 SW 95TH AVE
MIAMI, FL 33176**

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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
After May 1, 2006 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
NAME	ZAFAR, SYED F
STREET ADDRESS	9705 SW 95TH AVE
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	FAHIMULLAH, MOHAMMED
STREET ADDRESS	9612 SW 95TH AVE
CITY-ST-ZIP	MIAMI, FL 33176
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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05/15/06-80095-016 150.00

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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: _____

MUHAMMED FAHIMULLAH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.27.06

Date

(305)485-2920

Daytime Phone #