

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90196 022 ***150.00

DOCUMENT # P04000134816 1. Entity Name DOLLAR PLUS MI FAMILIA, INC.					
Principal Place of Business 7866 N.W. 170 TERR. MIAMI, FL 33015			Mailing Address 7866 N.W. 170 TERR. MIAMI, FL 33015		
2. Principal Place of Business 879 W. 29 Street Suite, Apt. #, etc.		3. Mailing Address 879 W. 29 Street Suite, Apt. #, etc.			
City & State Hialeah, FL Zip 33012		City & State Hialeah, FL Zip 33012		4. FEI Number 20-1760182 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PINERO, GLADYS 7866 NW 170 TERR MIAMI, FL 33015			7. Name and Address of New Registered Agent Name LAZARO G. CARDOSO Street Address (P.O. Box Number is Not Acceptable) 879 W. 29 Street City Hialeah FL Zip Code 33012		
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: 04/25/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST PINERO, GLADYS 7866 NW 170 TERR MIAMI, FL 33015 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T CARDOSO, LAZARO G. 879 West 29 Street Hialeah, FL 33012 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 04-25/06 (305) 342-2388 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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