
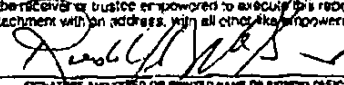


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FILED
Jun 22, 2005 8:00 am
Secretary of State

05-16-2005 90198 002 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000169728					
1. Entity Name DOLLAR CLASSIC, INC.					
Principal Place of Business 21465 N W 2ND AVENUE NORTH MIAMI, FL 33169			Mailing Address 21465 N W 2ND AVENUE NORTH MIAMI, FL 33169		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. Name and Address of Current Registered Agent ELLIS, ALVA 2437 S W 163 AVENUE MIRAMAR, FL 33027			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 agents.					
SIGNATURE _____ DATE _____ <small>Signature, typed in printed name of authorized agent and date if applicable. (NOTE: Registered Agent signature required when applicable)</small>					
FILE NOW!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		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	P. D ELLIS, ALVA <input type="checkbox"/> Delete 2437 SE 163RD AVENUE MIRAMAR, FL 33027				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.T MC BEAN, RUDOLPH <input type="checkbox"/> Delete 1110 S W 178 STREET MIAMI, FL 33157				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(X), 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 registered 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 changes approved.					
SIGNATURE:  5/10/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR					

66023616



06062005 Chg-P CF2E034 (10/03)

4. HF Number: 20-2045475 Applied For Not Applicable

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

ATTACHMENT

66023616
P04060169728

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-2045475 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested DOLLAR CLASSIC INC					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 2437 SW 163 AVENUE			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code MIRAMAR FL 33027			5b City, state, and ZIP code		
6* County and state where principal business is located County BROWARD State FL					
7a* Name of principal officer, general partner, grantor, owner, or trustor ALVA ELLIS			7b* SSN, ITIN, EIN 559-89-0303		
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120S <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC Group Exemption NO. (GEN) ▶ <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises		
8b* If a corporation, name the state or foreign country (if applicable) where incorporated			State FL		Foreign country
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ RETAIL STORE <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶		
10* Date business started or acquired (month, day, year) DEC 20 2004			11* Closing month of accounting year DEC		
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶ JAN 1 2005					
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "0"</i>				Agriculture 0	Household 0
				Other 2	
14* Check box that best describes the principal activity of your business			<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other		
<input type="checkbox"/> Construction <input type="checkbox"/> Real estate <input checked="" type="checkbox"/> Other (specify) RETAIL STORE			<input type="checkbox"/> Rental & leasing <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Finance & insurance		
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. SALE OF RETAIL MERCHANDISE					
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes" please complete lines 16b and 16c</i>					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN					
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee	Designee's name RICHARD A SPAHN Address and ZIP code 3442 SE LAKE WEIR RD OCALA FL 34471			Designee's telephone number (include area code) (352) 732 - 2104 Designee's fax number (include area code) (352) 671 - 5373	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)				Applicant's telephone number (include area code)	