

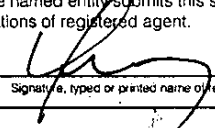
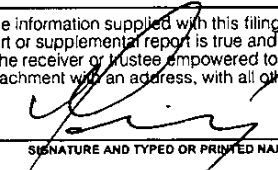


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90079 016 \*\*\*150.00

<b>DOCUMENT # P05000039170</b> 1. Entity Name <b>EL DOLARITO STORE Y MAS CORP.</b>					
Principal Place of Business <b>2705 SW 37 AVE</b> <b>MIAMI, FL 33134</b>			Mailing Address <b>2705 SW 37 AVE</b> <b>MIAMI, FL 33134</b>		
2. Principal Place of Business - No P.O. Box # <b>1710 NW 3rd St</b>		3. Mailing Address <b>1710 NW 3rd St</b>			
Suite, Apt. #, etc. <b>Skt: 1</b>		Suite, Apt. #, etc. <b>Skt: 1</b>		04302007    Chg-P    CR2E034 (12/06)	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>20-2472764</b>	
Zip <b>33125</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MEJIAS, LUCIA DE LOS A</b> <b>2807 NW 11 STREET</b> <b>MIAMI, FL 33125</b>				7. Name and Address of New Registered Agent Name <b>Lucia Mejia</b> Street Address (P.O. Box Number is Not Acceptable) <b>1710 NW 3rd St</b> <b>Skt: 1</b> City <b>Miami</b> FL    Zip Code <b>33125</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. SIGNATURE  DATE <b>4/30/07</b> <small>Signature is typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	DP MEJIAS, LUCIA DE LOS A 2807 NW 11 STREET MIAMI, FL 33125	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tom Lopez 1710 NW 3rd St. #2 Miami, FL 33125 VPD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	
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: 			4/30/07    305-649-8904 <small>Date    Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					