## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 31, 2008 08:00 Al Secretary of State

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	MENT # P050000578		Secretary of S				
Entity Name     SUPER DOLLAR STORE INC							
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-	e of Business	Mailing Address					
2936 LAZLO ORLANDO, F		2936 LAZLO LN ORLANDO, FL 32837					
					<u>                                     </u>		
DO NOT WRITE IN THIS SPACE			<b>^</b>	01212008	No Chg-P	CR2E034 (11/05	5)
L	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb		<del></del> -	Applied For Not Applicable
. 4			•		of Status Desired	□ \$8.75 A	dditiona!
	6. Name and Address of Current Re	alstered Agent	T			. ree requi	
		*.		-	na gamena a mara a li		
CHATOUI, MOHAMED				DO	NOT W	RITE	
2936 LAZLO LN ORLANDO, FL 32837			\$	•			1
ONLANDO, FL 32037				IN.	THIS SP	ACE	
				11		d .	
	named entity submits this statement for thickness of registered agent.	ne purpose of changing its register	ed office or register	ed agent, or bo	oth, in the State of Flo	rida. I am familiar wit	h, and accept
SIGNATURE.							
Oldier (TO) IE.	Signature, typed or printed name of registered agent and	ed Agent signature required	t when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.			+-	.00 May Be ed to Fees			
10.	OFFICERS AND DI	RECTORS	,				
TITLE	P		1 -		•		
NAME	CHATOUI, MOHAMED						,
STREET ADDRESS	2936 LAZLO LN						
CITY-ST-ZIP	ORLANDO, FL 32837		-	•			
TITLE NAME	VP CHATOUI, RABII		1		Lionopo	ᲡᲔᲑᲘᲥᲑᲐ	
STREET ADDRESS	2936 LAZLO LN					)808283 -80043 <b>-0</b> 02 (	.co oo
CITY-ST-ZIP	ORLANDO, FL 32837				05/01/00	~00045~00G .	יטט.טט ן
TITLE			1	•		,	
NAME					· ·		
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CITY-ST-ZIP			*	•	: .		
TITLE				IN T	THIS SF	ACE	
NAME STREET ADDRESS				1		<del></del>	*
CITY-ST-ZIP				<i>;</i> ·			
TITLE			<b>1</b> ;		, ,		
NAME							· ,
STREET ADDRESS			1				
CITY-ST-ZIP	1					•	

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:

TITLE
NAME
STREET ADORESS
CITY-ST-ZIP

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #