

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P05000076133**

1. Entity Name

WENDY'S DOLLAR, CORP.



Principal Place of Business

6755,57,59 FLAGLER ST  
MIAMI FL 33144

Mailing Address

6755,57,59 FLAGLER ST  
MIAMI FL 33144



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
20-2900421

Applied For  
Not Applicable

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

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CABELLO, DANIEL  
5461 NW 178TH TERR  
OPA LOCKA FL 33055

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 agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when changing agent)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
CABELLO, DANIEL ☐ Delete  
STREET ADDRESS  
5461 NW 178TH TERR  
CITY- ST- ZIP  
OPA LOCKA FL 33055

TITLE  
NAME  
U00000903979 ☐ Change ☐ Addition  
STREET ADDRESS  
04/30/08-80068-003 150.00  
CITY- ST- ZIP

TITLE  
NAME  
V ☐ Delete  
STREET ADDRESS  
ARAGON, MIDIALA  
5461 NW 178TH TERR  
CITY- ST- ZIP  
OPA LOCKA FL 33055

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
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STREET ADDRESS  
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☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*[Signature]*

Daniel Cabello

4/14/08

(888) 262-1214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number