
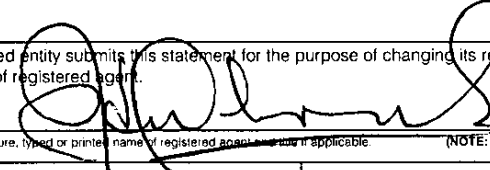
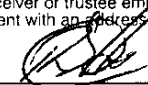


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000153379 1. Entity Name R.D. SUPER DOLLAR STORE CORP.						05 OCT 19 11 3:28	
Principal Place of Business 941 W PALM DR NO 2 FLORIDA CITY, FL 33034				Mailing Address 941 W PALM DR NO 2 FLORIDA CITY, FL 33034			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent OCHOA, VICTOR H 30511 SW 149TH AVE HOMESTEAD, FL 33033				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 10152006 REIN-P CR2E098 (11/05)			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>			
SIGNATURE 				DATE 10/16/06			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP DP OVALLE, RAFAEL 14286 SW 294TH STREET HOMESTEAD, FL 33033				TITLE NAME STREET ADDRESS CITY-ST-ZIP 600081026876 10/19/06--01037--016 **150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP DV OVALLE, DAILY 14286 SW 294TH STREET HOMESTEAD, FL 33033				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 				Date 10/16/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			