

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90012 045 ***150.00

DOCUMENT # P06000058222

1. Entity Name
ONLY 1 DOLLAR, INC.



Principal Place of Business
**3635 NW 35TH ST
COCONUT CREEK, FL 33066**

Mailing Address
**3635 NW 35TH ST
COCONUT CREEK, FL 33066**

40027618

2. Principal Place of Business - No P.O. Box #
2440 N. Federal Hwy

3. Mailing Address
2440 N. Federal Hwy

Suite, Apt. #, etc.



02222007 Chg-P CR2E034 (12/06)

City & State
Lighthouse Point, FL

City & State
Lighthouse Point, FL

Zip
33064

Country
U.S.

Zip
33064

Country
U.S.

4. FEI Number
20-4767695

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**JOSEPH K. NOFIL, P.A.
3284 N STSTE RD 7
LAUDERDALE LAKES, FL 33319**

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 agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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 STREET ADDRESS CITY - ST - ZIP	DP SERNA, CESAR A 3635 NW 35TH ST COCONUT CREEK, FL 33066 <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	DV SERNA, CAROLINA 3635 NW 35TH ST COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Mohemy Serna** **Noheemy Serna** **02-27-07** **954-785-0222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #