

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90045 002 ***150.00

DOCUMENT # P06000106720

1. Entity Name

GOOD DOLLAR DISCOUNT, INC.



Principal Place of Business

9781 NW 128 LN
HIALEAH GARDENS FL 33018

Mailing Address

9781 NW 128 LN
HIALEAH GARDENS FL 33018



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

12525 W. Okeechobee Rd

3. Mailing Address

12525 W. Okeechobee Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Hialeah Gardens FL

City & State

Hialeah Gardens FL

4. FEI Number

20-5388252

Applied For

Not Applicable

Zip

33018

Country

USA

Zip

33018

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JIMENEZ, LOURDES
9781 NW 128 LN
HIALEAH GARDENS FL 33018

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 registering)

DATE

Loures Jimenez

02/02/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

TITLE P
NAME JIMENEZ, LOURDES
STREET ADDRESS 9781 NW 128 LN
CITY-STATE-ZIP HIALEAH GARDENS FL 33018 ☐ Delete

TITLE V
NAME FIGUEROA, JOSE R
STREET ADDRESS 9781 NW 128 LN
CITY-STATE-ZIP HIALEAH GARDENS FL 33018 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Loures Jimenez

2/02/07

Date

305-821-7440

Daytime Phone #