2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 25, 2007 8:00 am Secretary of State **DOCUMENT # P06000129150** 04-25-2007 90173 022 ***150 00 1. Entity Name DOLLAR MG CORP Principal Place of Business Mailing Address all non er a 10024 WEST FLAGLER ST 10024 WEST FLAGLER ST MIAMI, FL 33174 MIAMI, FL 33174 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03052007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-56898 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GONZALEZ, ALBERTO JESUS Street Address (P.O. Box Number is Not Acceptable) 10024 WEST FLAGLER ST MIAMI, FL 33174 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 alignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE □ Delete TITLE ☐ Change Addition GONZALEZ, ALBERTO JESUS NAME NAME STREET ADDRESS 10024 WEST FLAGLER ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33174 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition VALDIVIA, MARIA V NAME NAME STREET ADDRESS 10024 WEST FLAGLER ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33174 CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE Delete TRUE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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. 5-60002Alez

SIGNATURE:

FILED