

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 SEP 19 AM 7:42

CLERK OF THE CIRCUIT COURT
CLANASSEE, FLORIDA



DOCUMENT # P06000154003			
1. Entity Name U DOLLAR PLUS, INC OF PUNTA GORDA			
Principal Place of Business 27670 BERMONT RD UNIT B-1 PUNTA GORDA, FL 33993		Mailing Address 27670 BERMONT RD UNIT B-1 PUNTA GORDA, FL 33993	
2. Principal Place of Business - No P.O. Box # 5240 Duncan Rd Suite, Apt. #, etc. Unit 2-A Punta Gorda FL Zip 33982 Country USA		3. Mailing Address 6170 Acorn Blvd Suite, Apt. #, etc. Punta Gorda FL Zip 33982 Country USA	
09172007 REIN-P		CR2E098 (1/07)	
4. FSL Number 20-8529467		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MENENDEZ, YANET 6170 ACORN BLVD PUNTA GORDA, FL 33982		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 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, 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	P MENENDEZ, YANET 27670 BERMONT RD, UNIT B-1 PUNTA GORDA, FL 33982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400109658424 09/19/07 01046 001 *\$150.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MENENDEZ, YOEL 2823 NW JUANITA PL CAPE CORAL, FL 33993 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 9/17/07 Daytime Phone # 239-214-1123	