

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PH 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000078588 (9)**

1. Corporation Name

**DOLLAR HEAVEN, INC.**

Principal Place of Business

**2721 N DOXE HWY  
WILTON MANORS FL 33334**

Mailing Address

**2721 N DOXE HWY  
WILTON MANORS FL 33334**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/15/1993**

3a. Date of Last Report

**04/29/1994**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

**65-0444409**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**CHOWDHURY, A.  
3520 NW 110 LN  
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

81 Name

**CHOWDHURY, A.**

82 Street Address (P.O. Box Number is Not Acceptable)

**3820, N.E. 10 TH AVE**

83

**OAKLAND PARK**

84 City

**FLORIDA**

85 Zip Code

**FL 33334**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*A. Chowdhury*

**A. CHOWDHURY**

**04/26/95**

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

|                |                         |
|----------------|-------------------------|
| TITLE          | PD                      |
| NAME           | CHOWDHURY, S.           |
| STREET ADDRESS | 8908 S PRAIRIE ST       |
| CITY, ST, ZIP  | DENVER CO 80122         |
| TITLE          | VD                      |
| NAME           | CHOWDHURY, A.           |
| STREET ADDRESS | 3520 NW 110 LN          |
| CITY, ST, ZIP  | CORAL SPRINGS FL 33065  |
| TITLE          | TD                      |
| NAME           | CHOWDHURY, AKRAMUZ      |
| STREET ADDRESS | 3520 NW 110 LN          |
| CITY, ST, ZIP  | CORAL SPRINGS FL 33065  |
| TITLE          | SD                      |
| NAME           | HAQ, KAZI               |
| STREET ADDRESS | 599 W OAKLAND PARK BLVD |
| CITY, ST, ZIP  | FT LAUDERDALE FL        |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY, ST, ZIP  |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY, ST, ZIP  |                         |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY, ST, ZIP  |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY, ST, ZIP  |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY, ST, ZIP  |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY, ST, ZIP  |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY, ST, ZIP  |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY, ST, ZIP  |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Kazi Haq*

**KAZI, A. HAQ**

**04/26/95 (305) 565-6885**

(Signature, typed or printed name of signing officer or director)