

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000020516

1. Entity Name

C.V. DOLLARS STORE INC.



Principal Place of Business

**2010 PALM AVE
HIALEAH, FL 33010**

Mailing Address

**2010 PALM AVE
HIALEAH, FL 33010**



01192006 - No Chg-P

CRZE034 (11/05)

4. FEI Number

65-0480390

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VIERA, CARIDAD C
2010 PALM AVE
HIALEAH, FL 33010**

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 file if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

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

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DPST
VIERA, CARIDAD C
320 SW 52ND AVE
MIAMI, FL 33134**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**S
VIERA, CANDIDA
320 SW 52ND AVE
MIAMI, FL 33134**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**U00000480016
04/10/06-80028-003 150.00**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-2006

Date

Daytime Phone #

CARIDAD C. VIERA