

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90075 019 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000006217

1. Entity Name
HOLLYWOOD DOLLAR STORE, INC.



Principal Place of Business
~~1545-49 SOUTH CONGRESS AVE.~~
~~DELRAY BEACH, FL 33445-6325~~

Mailing Address
~~1545-49 SOUTH CONGRESS AVE.~~
~~DELRAY BEACH, FL 33445-6325~~

50015232



2. Principal Place of Business
1675 W. 49TH STREET
Suite, Apt. #, etc.
1374

3. Mailing Address
1744 PRIMROSE LANE
Suite, Apt. #, etc.

01212005 Chg-P CR2E034 (10/03)

City & State
HIALEAH, FL
Zip
33012
Country
U.S.A.

City & State
WELLINGTON, FL
Zip
33414
Country
U.S.A.

4. FEI Number
65-0814657
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TEJANI, JITIN
~~1545-49 SOUTH CONGRESS AVE.~~
~~DELRAY BEACH, FL 33445-6325~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1744 PRIMROSE LANE
WELLINGTON, FL 33414
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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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
D
TEJANI, JITIN
1545-49 SOUTH CONGRESS AVE.
DELRAY BEACH, FL 33445-6325 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ADDRESS
1744 PRIMROSE LANE
WELLINGTON, FL 33414 ☐ Change ☐ Addition

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

Jitin Tejani JITIN TEJANI 02/10/2005 561-791-9567