2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT # P98000006217 1. Entity Name FILED HOLLYWOOD DOLLAR STORE, INC. 06 APR -7 AM (0: 06 Principal Place of Business Mailing Address TALLAHAS FE, FLORIDA 1675 W 49TH STREET 1744 PRIMEROSE LANE WELLINGTON, FL 33414 1374 HIALEAH, FL 33012 2. Principal Place of Business 3. Mailing Address 1645 W. 4912 ST. Suite, Apt. #, etc. Suite, Apt. #, etc. 04062006 CR2E034 (11/05) Cha-P #1374 City & State City & State 4. FEI Number Applied For HIALEAH 65-0814657 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ 33012 U.S.A. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADRIANA CONZALEZ **TEJANI, JITIN** Street Address (P.O. Box Number is Not Acceptable) 1545-49 SOUTH CONGRESS AVE. **DELRAY BEACH, FL 33445-6325** 49th ST 1645 W. # 1374 FL Zip C33012 City HIALEAH 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. 04/05/2006 graen PPESIDEN Min ed agent and title if applicable. (NOTE: Recisioned Agent moneture required when reinstating) \$5.00 May Be 9. Election Campaign Financing Amended AR is \$61,25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Delete DIRECTOR TITLE ☐ Change ☐ Addition TITLE NAME **TEJANI, JITIN** NAME 500070477445 STREET ADORESS 1744 PRIMEROSE LANE STREET ADORESS 04/14/06--01074--010 \*\*61.25 CITY-ST-ZIP WELLINGTON, FL 33414 CITY-ST-ZIP PRESIDENT- TREASUREL TITLE Oelete TITLE JUAN ZUNIGA NAME NAME 9111 LILY BANK COURT STREET ADDRESS STREET ADORESS CITY-ST-7/P CITY-ST-7/P WEST PALM BEAUT FL. 33427 TITLE ☐ Delete TITLE V. PRESIDENT - SECRETHRY Change ADRIANA GONZALEZ 9111 LILY BANK COURT NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP HEST DALM BEALH PL 33407 TITLE ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7/P MLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete ΠDF ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- NP CITY-ST-7IP 12. Thereby 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. 04/5/2006 SIGNATURE: \_