FROM : FAX NO. : 4073390659

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91166 020 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006693

1. Entity Name
Dollytex Inc

Principal Place of Business	Mailing Address
4421 S Kirkman Road # 301	4421 S Kirkman Road # 301
Orlando, Fl	Orlando, Fl
32811	32811

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3486415

Applied For
Not Applicable

5. Certificate of Status Desired $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LAKHANI, TAJUDDIN
4421 S KIRKMAN RD. #301
ORLANDO FL 32811

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.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director LAKHANI, TAJUDDIN 13360 TWINWOOD LANE ORLANDO FL 32837	Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Change / Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Change / Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Change / Addition

CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: TMakhani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #