

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000087711**

1. Entity Name  
**DOLLAR ONE, INC.**



Principal Place of Business

**4427 13 TH STREET  
ST CLOUD, FL 34769**

Main Office Address

**2404 DENN JONH LANE  
KISSIMMEE, FL 34744**

**DO NOT WRITE IN THIS SPACE**



04252005 No Chg-P CR2E034 (10/03)

4. FCI Number

**59-3531640**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MIRANDA, GABRIELA M P  
2404 DENN JONH LANE  
KISSIMMEE, FL 34744**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity signs 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 of the registered agent or person authorized to sign on behalf of the entity

Signature of the officer or director of the entity

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          | P                   |
| NAME           | MIRANDA, GABRIELA M |
| STREET ADDRESS | 4427 13 TH STREET   |
| CITY ST ZIP    | ST CLOUD, FL 34769  |
| TITLE          | VTS                 |
| NAME           | MIRANDA, MANUEL I   |
| STREET ADDRESS | 4427 13 TH STREET   |
| CITY ST ZIP    | ST CLOUD, FL 34769  |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY ST ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY ST ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY ST ZIP    |                     |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 I 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 to this filing address, with a date of change.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/05