FILED 2004 FOR PROFIT CORPORATION Jan 12, 2004 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # 308541** DOMI CONSTRUCTION INC Principal Place of Business Mailing Address 401 N W 34TH AVE 401 N W 34TH AVE MIAMI, FL 33125 MIAMI, FL 33125 01062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1148458 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MANURL, MARI DO NOT WRITE 250 BIRD RD #102 CORAL GABLES, FL 33146 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CAMBIASO, MAXIMO NAME U00000003046 01/13/04-80039-011 150.00 STREET ADDRESS 401 N.W. 34TH AVE. CITY-ST-ZIP MIAMI, FL TITLE CAMBIASO, SONIA NAME STREET ADDRESS 401 N.W. 34TH AVE. CITY - ST- ZIP MIAMI, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 cath; 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:

STREET ADDRESS CITY-ST-ZIP

PRIATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/04

Daytime Phone #