


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 26, 2005 08:00 A
Secretary of State

DOCUMENT # 709111
 1. Entity Name
 DOM, INC.



Principal Place of Business Mailing Address
 9401 BISCAYNE BLVD 9401 BISCAYNE BLVD
 MIAMI SHORES, FL 33138 MIAMI SHORES, FL 33138

DO NOT WRITE IN THIS SPACE



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0865839	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FITZGERALD, J. PATRICK
 110 MERRICK WAY
 CORAL GABLES, FL 33134

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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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	SD HENNESSEY, WILLIAM 9401 BISCAYNE BOULEVARD MIAMI SHORES, FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD VAUGHAN, JOHN J. 9401 BISCAYNE BLVD MIAMI SHORES FL 00000,
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD SOUCKAR, MICHAEL 9401 BISCAYNE BLVD. MIAMI, FL 33138
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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 01/27/05-80010-003 61.25

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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 617, 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: John J. Vaughan John J. Vaughan 1/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #