

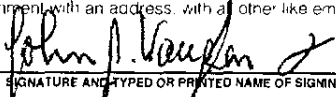


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 709111		
1. Entity Name DOM, INC.		
Principal Place of Business 9401 BISCAYNE BLVD MIAMI SHORES, FL 33138		Mailing Address 9401 BISCAYNE BLVD MIAMI SHORES, FL 33138
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FITZGERALD, J. PATRICK 110 MERRICK WAY CORAL GABLES, FL 33134		
		01102005 No Chg-NP CR2E037 (10/03)
		4. FEI Number 59-0865839
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable
DO NOT WRITE 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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	<div style="text-align: right; padding-right: 20px;">000000197391 01/27/05-R0010-003 61.25</div> DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		
TITLE NAME STREET ADDRESS CITY, ST, ZIP		
TITLE NAME STREET ADDRESS CITY, ST, ZIP		
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		1/20/05
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>