

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**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



01062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-0865839

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE: SD  
 NAME: HENNESSEY, WILLIAM  
 STREET ADDRESS: 9401 BISCAYNE BOULEVARD  
 CITY-ST-ZIP: MIAMI SHORES, FL

TITLE: PD  
 NAME: VAUGHAN, JOHN J.  
 STREET ADDRESS: 9401 BISCAYNE BLVD  
 CITY-ST-ZIP: MIAMI SHORES FL 00000,

TITLE: VD  
 NAME: SOUCKAR, MICHAEL  
 STREET ADDRESS: 9401 BISCAYNE BLVD.  
 CITY-ST-ZIP: MIAMI, FL 33138

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

100000399512  
 02/01/06-80015-011 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR president

1/18/06 305-757-6241  
Date Daytime Phone #