

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000050486

FILED
Apr 20, 2004
Secretary of State

Entity Name: DOMAINCOLLECTION.COM, INC.

Current Principal Place of Business:

3555 NW 74TH AVE
MIAMI, FL 33122

New Principal Place of Business:

1680 NW 82ND AVE
MIAMI, FL 33126

Current Mailing Address:

3555 NW 74TH AVE
MIAMI, FL 33122

New Mailing Address:

1680 NW 82ND AVE
MIAMI, FL 33126

FEI Number: 65-1016114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WASSERSTROM, BARRY
4621 HOLLYWOOD BLVD
SUITE 100
HOLLYWOOD, FL 33021

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEVINSON, MATIAS
Address: 1500 SAN REMO AVE, STE 125
City-St-Zip: CORAL GABLES, FL 33146

Title: CEO () Delete
Name: LEVINSON, MATIAS
Address: 1500 SAN REMO AVE, STE 125
City-St-Zip: CORAL GABLES, FL 33146

Title: V () Delete
Name: RAUL CUENCE, ANTONIO
Address: 1500 SAN REMO AVE, STE 125
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATIAS LEVINSON

PD

04/20/2004

Electronic Signature of Signing Officer or Director

_____ Date