


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2007 8:00 am
Secretary of State

07-12-2007 90057 035 ***150.00

DOCUMENT # P05000156241

1. Entity Name
AMERI-DOMINICAN, INC.



Principal Place of Business
699 NE 167 ST
N MIAMI BEACH, FL 33162

Mailing Address
699 NE 167 ST
N MIAMI BEACH, FL 33162

2. Principal Place of Business - No P.O. Box #
17830 N.E. 10th AVE

3. Mailing Address
17830 N.E. 10th AVE

Suite, Apt. #, etc. **-**



07092007 Chg-P CR2E034 (12/06)

City & State
NORTH MIAMI BEACH

City & State
NORTH MIAMI BEACH

Zip
33162

Country
MIAMI DADE

Zip
33162

Country
MIAMI DADE

4. FEI Number
76-0807605

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DE FILLIPO, KENNETH A
17830 NE 10TH AVE
N. MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent

Name
Kenneth A. De Fillipo

Street Address (P.O. Box Number is Not Acceptable)
17830 NE 10th AVE

City
NORTH MIAMI BEACH

FL Zip Code
33162

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 *Kenneth A. De Fillipo*

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

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	DE FILLIPO, KENNETH A	17830 NE 10TH AVE	N MIAMI BEACH, FL 33162	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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: *Kenneth A. De Fillipo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____