

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000029790**

1. Entity Name

R.W. DOMBROSKY ASSOCIATES, INC.



Principal Place of Business

11440 N KENDALL DR  
103  
MIAMI, FL 33176 US

Mailing Address

11440 N KENDALL DR  
103  
MIAMI, FL 33176 US



03012006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0647842** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

DOMBROSKY, ROBERT W  
11440 N. KENDALL DR., SUITE 103  
MIAMI, FL 33176

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1100001455406  
03/15/06-80054-025 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME DOMBROSKY, ROBERT W  
STREET ADDRESS 11440 N KENDALL DR, #103  
CITY-ST-ZIP MIAMI, FL

TITLE D  
NAME DOMBROSKY, ANGELA  
STREET ADDRESS 11440 N KENDALL DR, #103  
CITY-ST-ZIP MIAMI, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-06  
Date

305-270-0717  
Daytime Phone #