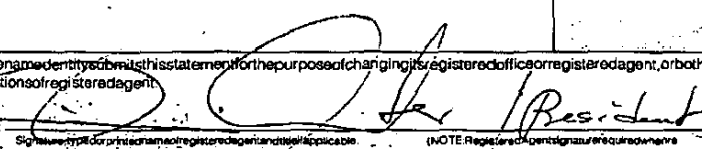
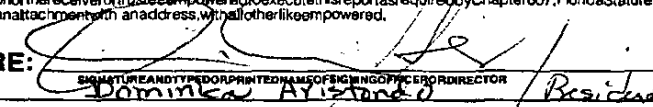


FILED
Mar 01, 2004 8:00 am
Secretary of State

02-17-2004 90008 038 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT# 336352 1. Entity Name DOMINIQUEIMAGINATIONCORP			
Principal Place of Business 2320 PONCE DE LEON BLVD CORAL GABLES, FL 33134		Mailing Address 2320 PONCE DE LEON BLVD CORAL GABLES, FL 33134	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent ARISTONDO, DOMINICA 1717 NBAY SHORE DR APT 4236 MIAMI, FL 33146		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:  DATE: 2/16/04 Signature of officer or registered agent and date if applicable (NOTE: Registered agent signature required when changing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ARISTONDO, DOMINICA 1717 NBAY SHORE DR APT 4236 MIAMI, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SANZ, ANTO LIN 213 CORNELL UNIVERSITY GARDEN RIOPIEDRAS, PR 00927		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	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 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:  DATE: 2/23/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			