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. EntityName
DOMINIQUEIMAGINATIONCORP

PrincipalPlaceofBusiness	MailingAddress
2320 PONCE DE LEON BLVD CORAL GABLES, FL 33134	2320 PONCE DE LEON BLVD CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

01142004 NoChg-P CR2E034(10/03)

4. FEINumber
59-1221722
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent.

ARISTONDO,DOMINICA
1717NBAYSHOREDR
APT4236
MIAMI,FL33146

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida. Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE: [signature] President DATE: 2/6/04
Signaturetypedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhere instating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	P
NAME	ARISTONDO,DOMINICA
STREETADDRESS	1717NBAYSHOREDRAPT4236
CITY-ST-ZIP	MIAMI,FL
TITLE	V
NAME	SANZ,ANTOLIN
STREETADDRESS	213CORNELL-UNIVERSITYGARDEN
CITY-ST-ZIP	RIOPIEDRAS,PR00927
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. Ihereby 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: Dominica Aristondo President 2/23/04
SIGNATUREANDTYPEDORPRINTEDNAMEOFRESIGNINGOFFICERORDIRECTOR Date DaytimePhone#