04/29/2005 02:56 305-6441228 CPA

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May 02, 2005 8:00 am
Secretary of State
05-02-2005 90431 031 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 336352

1. Entity Name
DOMINIQUE IMAGINATION CORP

40074620

Principal Place of Business
2320 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

Mailing Address
2320 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

04292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
247 MIRACLE MILE		247 MIRACLE MILE	
Suite, Apt #, etc		Suite, Apt #, etc.	
City & State: CORAL GABLES, FL		City & State: CORAL GABLES, FL	
Zip: 33134	Country:	Zip: 33134	Country:

4. FEI Number: 59-1221722 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARISTONDO,DOMINICA
1717 N BAYSHORE DR
APT 4236
MIAMI, FL 33146

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] 4/29/05
Signature, typed or printed name of registered agent and title if applicable DATE
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ARISTONDO, DOMINICA 1717 N BAYSHORE DR APT 4236 MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SANZ, ANTOLIN 213 CORNELL-UNIVERSITY GARDEN RIO PIEDRAS, PR 00927	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4/29/05 305-444-9622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #