

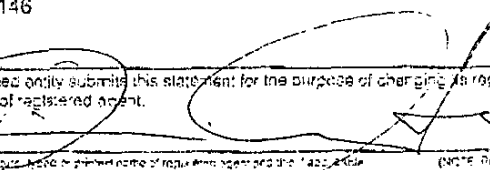
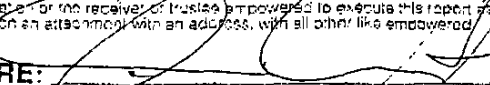
**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

04/29/2005 02:55 305-6441228

CFA

05-02-2005 90431 031 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                         |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <b>DOCUMENT # 336352</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                        | <b>40074620</b> |
| 1. Entity Name<br><b>DOMINIQUE IMAGINATION CORP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                         |                 |
| Principal Place of Business<br><b>2320 PONCE DE LEON BLVD<br/>CORAL GABLES, FL 33134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Mailing Address<br><b>2320 PONCE DE LEON BLVD<br/>CORAL GABLES, FL 33134</b>                                                            |                 |
| 2. Principal Place of Business<br><b>247 MIRACLE MILE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 3. Mailing Address<br><b>247 MIRACLE MILE</b>                                                                                           |                 |
| State, Apt #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | State, Apt #, etc.                                                                                                                      |                 |
| City & State<br><b>CORAL GABLES, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | City & State<br><b>CORAL GABLES, FL</b>                                                                                                 |                 |
| Zip<br><b>33134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Zip<br><b>33134</b>                                                                                                                     |                 |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Country                                                                                                                                 |                 |
| 4. Fed Number<br><b>59-1221722</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                  |                 |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | \$8.75 Additional Fee Required                                                                                                          |                 |
| 6. Name and Address of Current Registered Agent<br><b>ARISTONDO, DOMINICA<br/>1717 N BAYSHORE DR<br/>APT 4236<br/>MIAMI, FL 33146</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.<br>SIGNATURE:  DATE: <b>4/29/05</b>                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                         |                 |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 9. Election Campaign Financing<br>Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees                         |                 |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                   |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                       |                 |
| P<br>ARISTONDO, DOMINICA<br>1717 N BAYSHORE DR APT 4236<br>MIAMI, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | [ ] Change [ ] Addition                                                                                                                 |                 |
| V<br>SANZ, ANTOIN<br>213 CORNELL UNIVERSITY GARDEN<br>RIO PIEDRAS, PR 00927                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | [ ] Change [ ] Addition                                                                                                                 |                 |
| [ ] Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | [ ] Change [ ] Addition                                                                                                                 |                 |
| [ ] Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | [ ] Change [ ] Addition                                                                                                                 |                 |
| [ ] Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | [ ] Change [ ] Addition                                                                                                                 |                 |
| [ ] Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | [ ] Change [ ] Addition                                                                                                                 |                 |
| [ ] Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | [ ] 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 a 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 or 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 employees. |  |                                                                                                                                         |                 |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | DATE: <b>4/29/05</b> 305-644-9622                                                                                                       |                 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Daytime Phone #                                                                                                                         |                 |